

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services

OPERATION MANUAL
Volume VI

OMTL-315

KAMES HANDBOOK	
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MS 1000

OVERVIEW

Implementation of the Kentucky Automated Management and Eligibility System (KAMES) began May 1, 1993. KAMES determines eligibility and issues benefits for Food Stamp, K-TAP and Medicaid applicants and recipients in the Commonwealth, based on information entered into the system. Once all cases are converted, KAMES will replace the PA-62 and SDX systems. Until KAMES is fully implemented, it will operate concurrently with the PA-62 system.

KAMES operates on the generic concept; all related companion cases are assigned to one caseworker. The system acts on shared information between related cases. It stores information on two levels; case level and member level.

KAMES does not separate case decision BY PROGRAM. If you have final case decision, you can process FS, K-TAP and MA cases without supervisory approval. If you do not have case decision in all programs, all actions in all programs will pend for supervisory approval.

MS 1010

SHARED INFORMATION

KAMES stores and shares information on both a case and member level. Case level information is data that applies to a certain case, such as household composition. Member level information applies to one member, such as SSN, date of birth, or income. Case level information affects only the case into which it is entered. Member level information affects any case to which that member belongs.

- A. Certain actions you take on a member in a case, can affect benefits received in another case.

EXAMPLE: [Mr. Smith is a member in both a K-TAP case and an FS case.] He goes back to work and reports this at his FS recertification. Wages are verified and entered. During disposition of the FS case, related case processing occurs. [The system takes the income entered in the FS case, adds it to the K-TAP case and makes new eligibility determinations based on that information.]

- B. Case actions may affect not only the application, recertification or case change that you intend, but will also affect any other case on KAMES which shares that member information. You must carefully review related case disposition screens for correctness, while completing any action.
- C. The disposition screens appear for all related cases. Use care in reviewing the screens to ensure the correct amount of income is considered in each case. If the income or benefits are not correct, take action to correct the case. If the related case is assigned to a different worker, contact the other worker to resolve the problem.
- D. If related cases are carried by separate workers, the worker not involved in a case change finds his/her related case changed without knowing what triggered the case action. If you are responsible for a related case, communicate with the other caseworker by completing a manual form PAFS-628, to provide more information than the automated spot check contains.
- E. Some screens, used for both FS and IM cases, require you to indicate which program's policy is to be applied to information on that screen. Enter "FS", "IM" or "JT" (both FS and IM) so that KAMES will apply the appropriate policies and guidelines to the information. These entries are not limited to the program you are updating. When a specific type of income is only countable in one program, use "FS" or "IM" as appropriate; otherwise use "JT". You must use the correct code for accurate income computation and eligibility determination.

MS 1020

WHEN YOU NEED HELP

When a problem occurs on KAMES, DO NOT attempt to resolve it on your own; seek immediate help from your supervisor and the unit expert. It is extremely important that Field Services Supervisors (FSS) be actively involved in the process. The FSS will be aware of other problems that have occurred in your office and how they were resolved.

- [A. Do not continue to access a case over and over, in an effort to correct the problem.
- B. If a resolution has not previously been addressed, call the KAMES Help Desk at (502) 564-0104 and choose option 1 or toll free at 866-231-0003 and choose option 1. Follow the instructions given by the Help Desk immediately and exactly as they are given to ensure additional problems are not created. The sequence of events not only helps to resolve the problem, it also assists programmers in tracking what caused the problem. If Help Desk staff advised you that they will call back, allow at least 24 hours before recontacting them.
- C. The following information is provided as a general guideline to make the most effective use of KAMES system support. Using these procedures ensures all staff obtain the necessary help.]

Problem	Action to Take
[1.] Abend or technical system error.	Do Not press any key. Stay on the screen. [Call the KAMES Help Desk at (502) 564-0104 and choose option 1 or toll free at 866-231-0003 and choose option 1.] Do not take any action other than calling the Help Desk.
[2.] A problem with a case or action on KAMES.	Research the problem using resources within your office, such as the supervisor, office KAMES expert, news messages, policy updates, etc. [If it cannot be resolved on a local level, call the KAMES Help Desk at (502) 564-0104 and choose option 1 or toll free at 866-231-0003 and choose option 1.]
[3.] More than one user in the Office has a problem (see item B) and needs to contact the Help Desk.	[Once the first user has been assisted by the Help Desk, the telephone line may be transferred to other workers. When transferring the line ensure

the worker with a problem is at a terminal, and is accessing the case in question.]

DO NOT put the Help Desk on hold while a worker is being located or is signing on. Please remember there are over a thousand other workers who may be trying to reach the Help Desk while the Help Desk is waiting on you. Also, if the Help Desk asked you to leave the case pending so research can be done, DO NOT dispose the case. This prevents the problem from being resolved.

[4.] Following up on a previous problem that could not be resolved or was unreported at the time it occurred.

The KAMES Help Desk is slightly more accessible between 7 a.m. and 8 a.m. EST, at lunch time and after 5:30 p.m., EST. Try calling at one of these times, if unable to get through at other times of the day.

[5.] An item on the DCSR is incorrect; For example, a disposed application is still listed as pending, an incorrect timely date, etc.

[Call the KAMES Help Desk at (502) 564-0104 and choose option 1 or toll free at 866-231-0003 and choose option 1.]

[6.] What member ID code to use, how income should be considered, what exactly does a news message mean and other policy questions or issues.

Research the problem in the local office then, if necessary, refer the problem to the appropriate branch within the Division of Family Support through your Regional Office.]

[7.] The Help Desk requested that screen prints of the problem be sent to them.

[Follow the directions exactly as given by the Help Desk as to the method used to get the screen prints to them.]

[8.] The Help Desk is calling back on a problem.

Deal with the problem as requested at that time unless this is impossible because you have a recipient at your desk, etc. The Help Desk has limited access to outgoing telephone lines and it is important to work with them when they can call out. Do not refuse to accept the call.

- | | |
|---|---|
| [9.] Lightning bolts, long clocks on KAMES, printer problems, KYIMS problems, etc. | [Call the Commonwealth Service Desk at (502) 564-7576. Do not call the KAMES Help Desk.] |
| [10.] The CESN problems: user revoked, password violation, etc., IMS problems; JAME password problems, etc. | [Call Security at (502) 564-0104 and choose option 2 or toll free at 866-231-0003 and choose option 2.] |
| [11.] Facility reports nonreceipt of form MAP-552 from KAMES system. | Access RDS, locate the notice and print a copy for the facility. |

MS 1030

SAME FOR PROCESSING

SAME FOR processing is used to enter data that has changed or will change in a given month. Indicate on the appropriate screen in which month(s) the data is different by changing "Y" to "N" as needed. You MUST PRINT the first SAME FOR screen when entries are made and file it in the case record, because your entries may not be shown again the way you entered them. For example, when the application was entered, you answered SAME FOR as shown below.

MAY	JUNE	JULY	AUG (APP.)	SEPT (CHG)
Y	N	N	—	Y

The next time you access the screen, the SAME FOR line may be different.

MAY	JUNE	JULY	AUG (APP.)	SEPT (CHG)
N	N	N	—	Y

- A. KAMES uploads the SAME FOR indicators to reflect the system response to your entries. These uploaded indicators MUST NOT be changed unless it is necessary to correct an error in the initial entries. A review of the screens displayed for each month provides sufficient information regarding your entries. All screens with a SAME FOR indicator of "Y" will be uploaded with the same information. If the information for any specific month is incorrect, it can be corrected on that month's screen. CHANGING THE UPLOADED SAME FOR INDICATORS RESULTS IN THE DELETION OF ALL WORKER ENTRIES FOR THOSE MONTHS.
- B. Following are examples designed to give more insight into what is taking place within the KAMES system.

EXAMPLE 1: An FS applicant is employed, earning \$50.00 weekly. On the earned income screen for the application month of June, the SAME FOR entries made are: MAR Y APR N MAY N JULY Y. Income is entered on the April and May screens for calculation of June benefits. When you revisit the June earned income screen before disposing the case, the system will have changed SAME FOR to: MAR N APR N MAY N JULY Y.

EXAMPLE 2: [In a June interview, a K-TAP applicant reported resources of \$2000.00 for the month of April.] She stated she sold a piece of jewelry in that month and paid back rent with the money received. Her resources in every other month were \$500.00. Complete the SAME FOR lines on the June screen with these entries: MAR Y APR N MAY Y JULY Y. The case pends for verification of resources. When you return to the case to enter verification, the SAME FOR line entries will be system changed based on segments created: MAR N APR N MAY Y JULY Y.

MS 1040

NEXT ACTION COMMANDS

In the lower right corner of each KAMES screen, "Next" is uploaded to allow you to proceed to the next appropriate screen of your case action. You can replace "Next" with another Next Action Command that changes the natural screen progression in the system. These commands allow you to navigate throughout the system, faster than normal case processing, when you are updating an application, recertification, member add or program transfer.

In order to navigate using Next Action, you must have first accessed the screen except when using "Incomp". After you have entered all required information on the specific screen, type the appropriate Next Action Command to tell the system where you want to go next in the case.

Next Action Commands are in three categories as follows:

A. General

1. "NEXT": Allows you to go to the next screen in the navigational flow. Used in application, recertification, member add, program transfer, and case change processing.
2. "STOP": Allows you to stop, at any point in the process, the collection of information on a screen displayed from a trigger question. Used in application, recertification, member add, program transfer, and case change processing.
3. "LAST": Takes you to the last screen you input. Used in application, recertification, member add, program transfer, and case change processing.
4. "APPL": Takes you to the application month when you are in Same For processing and entering data for a retroactive month. This command returns you to the same screen for the application month's data. Used in application, recertification, member add, program transfer, and case change processing.
5. "INCOMP": Takes you to the first screen that is incomplete. This is helpful in adding information in situations such as completing an alternate program action. Used in application, recertification, member add, program transfer, and case change processing.

B. Case Level

1. "NAMES": Takes you to the first Household Member screen containing the names for each member in the household. You may then review, add, delete or change the members within a case. Used in application, recertification, member add, program transfer, and case change processing.

2. "FIRST": Takes you to the Address screen, which is the first actual screen in the navigational flow. Used in application, recertification, and program transfer, only.
 3. "ACTION": Triggers the calculator and displays the Related Cases screen, the first screen in the disposition process.
 4. "NOTES": Takes you to the Comments screen. [Used in application, recertification and program transfer.]
 5. "RFI": Takes you to the first RFI screen at the beginning of the application, recertification, program transfer, or member add.
 6. "VEHICL": [Takes you to the first Vehicle screen within the application, recertification or program transfer.]
 7. "SELFEM": Takes you to the first Self-Employment screen of the first self-employment venture within the case. Used in applications, recertifications, and program transfer.
 8. "FARM": Takes you to the first Farm Income screen of the first farm income venture within the case. Used in applications and recertifications.
 9. "SHELTE": Takes you to the first Shelter screen within the case. Used in applications, recertifications, and program transfers.
 10. "KASES": Takes you to the first referral screen. Used in applications and recertifications.
- C. Member Level commands can be entered on the Household Member screen when you select a specific member. These commands can be used in application, recertification, member add, program transfers, and case change processing.
1. "TRIGGE": Returns you to the Member Information screen for the member whose data you are currently navigating through.
 2. "DISABL": Takes you to the Disability Information screen for the member whose data you are currently navigating through.
 3. "BATCHM": Takes you to the Batch Match screen for the member whose data you are currently navigating through.
 4. "DEPRIV": Takes you to the first member level screen where deprivation information is captured for the member whose data you are currently navigating through.
 5. "EARNED": Takes you to the first earned income screen within a case for the member whose data you are currently navigating through.

6. "UNEARN": Takes you to the first Unearned Income screen for the member whose data you are currently navigating through.
7. "RESOUR": Takes you to the first Resource screen within a case for the member whose data you are currently navigating through.
8. "MEDICA": Takes you to the first Medical Deductions screen for the member whose data you are currently navigating through.
9. "TUITIO": Takes you to the Member Information screen capturing information on tuitions and fees for the member whose data you are currently navigating through.
10. "STUDEN": Takes you to the Student screen for the member whose data you are currently navigating through.

MS 1050

CODES

The codes used on KAMES are found on RMDS or online help.

- A. On RMDS, the report HR KIMR51 IM Codes-List contains all the codes used on KAMES. This report is updated on a regular basis by KAMES staff. To find the code you need on this report, do the following:

1. Use the Table of Contents on this report to find the appropriate codes list; and
2. Use the find command and the name of the appropriate list from the Table of Contents to go to the correct list.

EXAMPLE: You need to find an IM ID code for an individual applying for K-TAP. On the Table of Contents you locate "IM ID Codes: 36". Use the find command by entering F space 'IM ID Codes' on the command line and press enter. This takes you to the correct list; or

3. Use the page number from the Table of Contents to go to the correct list.

EXAMPLE: You locate "IM ID Codes: 36" on the Table of Contents. Enter P space 36 on the command line and press enter. This takes you to the correct list.

- [B. On RMDS, the report HR KIMR51 Den.Discont.List contains all the KAMES denial and discontinuance reasons. This is the best place to look for denial codes, case discontinuance codes, member disqualification codes, and member status codes. Use the find command to locate the code you need on this report.

- C.] If you are entering an application, recertification, etc., on KAMES and you need a code, enter "?" in the field in question and press enter. This gives you online help. To return to your screen from online help, press PF4/PF16.

MS 1200 SCHEDULING APPOINTMENTS - INTRODUCTION

Your appointment calendar displays as a part of your DCSR each day. You may schedule your appointments through Function "D", Appointment Scheduling, on the Main Menu. When the blank appointment calendar appears, enter the "Appointment Date" that you wish to schedule. Press enter and you'll receive the morning screen; press PF8 or PF20 to receive the afternoon screen; press PF7 or PF19 to return to the morning.

A. Schedule your appointments as follows:

1. Locate your cursor at the appropriate time and enter the "Case Number";
2. Enter the "Type" code from the listing on the screen; and
3. Press enter. [If the case is found on the database, the "Name" uploads.]

B. The following fields may be completed when appropriate:

- [1. Use the member SSN field when scheduling FS ETP appointment types IE, FE, or CE. The member's name will be on the appointment letter.
- 2.] The "NTC" field will print the recertification appointment notice on the local printer when "Y" is entered. If the field is left blank, the notice will be mailed from Frankfort.
- [3.] If you wish to cancel an appointment that was previously scheduled, enter "C" in the "CN" field.
- [4.] Use the "comments" field to make short notes for yourself; such as "major/minor mom" or "pending claim". This helps you remember what to discuss when the recipient comes in for the interview.
- [5.] If special interviews are required, complete the "SPC INT" field with the appropriate code from the KAMES Codes List or online Help.

C. You may enter all morning appointments and press enter one time to schedule them. Press PF8 or PF20 to obtain the afternoon calendar for scheduling.

D. You may use codes such as "ST" staff meeting, or "LE" leave, to block out time on your calendar without any other entries. This prevents KAMES from automatically scheduling appointments for you when you're not available.

MS 1207

Z RECERTIFICATIONS

Do not use the appointment code "RC" to enter these recertifications on your appointment calendar. Use another appointment type if you choose to block out time on your calendar to process these recertifications. Manually send form PAFS-2 and PA-2Q. Upon receipt of a completed form PA-2Q, enter the recertification on KAMES using information provided on the returned form along with information contained in the case record.

MS 1208*

AUTOMATIC RECERTIFICATION/SCHEDULING

On the night of the 18th calendar day, or the prior work day if the 18th is on a weekend or holiday, KAMES schedules appointments for recertifications still on your DCSR and generates appointment letters. These are scheduled from 8:00 a.m. to 3:00 p.m., including lunch, in time slots which have not been blocked out.

- A. KAMES schedules the appointments one hour apart. One hour increments must be available, even for 1/2 hour appointments, or the appointment will be scheduled in the next available hour time slot. If insufficient time is available to schedule all appointments, you will be required to manually schedule these cases for recertification.
- B. If a FS and IM case are both due for recertification, and have the same head of household, KAMES schedules them together and sends out a joint notice.
- C. To determine which cases need manual appointment letters, you must do the following:
 - 1. On the 19th of the month, an RMDS listing, HR KIMP05 Cal Rect App Nte Nt/St, is posted. It contains those cases which could not be scheduled by the system.
 - 2. Manually send form PAFS-2 to schedule the recertification appointment for each case on your RMDS listing.
- D. KAMES does not schedule appointments for Z or State Supplementation case reviews. See [MS 1206](#) and [1207](#) for more information.

MS 1209*

SCHEDULING FS RECERTS AT APPROVAL

The following procedures apply to FS cases with short certification periods.

- A. Recertifications for FS cases certified for one or two months:
 - 1. When the case is approved between the time the Recert Coming Due List appears on your DCSR and the night the recertification notices are printed, DO NOT schedule next month's recertification appointment on the RFI screen.
 - 2. After the case is approved, access your appointment calendar and schedule the "RC" appointment.
 - 3. If you schedule it on the RFI screen in error, KAMES considers it as an application "AP" appointment, and automatically schedules a "RC" appointment for you.

- B. Recertifications for FS cases certified for only two months:
 - 1. Enter the appointment date and time on the Request for Information screen displayed at disposition.
 - 2. Schedule the recertification appointment to take place no earlier than the 25th of the application month and no later than the 15th of the second certification month.
 - 3. No additional appointment letter is generated by the system.
 - 4. Copy the RFI produced in the local office for the case record, and give the original to the applicant.

- C. Recertifications for FS cases certified for only one month:
 - 1. You MUST enter the appointment date and time on the Request for Information screen that displays at disposition.
 - 2. KAMES will post that appointment time on your appointment calendar.
 - 3. During the application, an on-line message will display reminding you to schedule the recertification appointment prior to disposition of the case.
 - 4. Schedule the recertification appointment to take place within 15 days of the approval.
 - 5. No further appointment letters are generated by the system.
 - 6. Copy the RFI produced in the local office for the case record, and give the original to the applicant.
 - 7. If you mail the RFI to the applicant, add 2 days mailing time to the 15-day recertification timeframe.

MS 1210

AGENCY CONTACT

The Agency Contact File monitors individual contacts with the agency. Agency contacts are system-deleted after 29 days from the date of the entry, or upon approval or denial of the case. [Any application entered on KAMES must match an agency contact with an application reason code for that program or it will pend for supervisory approval.]

- A. The receptionist selects Function "H" on the Main Menu, to enter the agency contact.
 - 1. Using the codes displayed on the screen, enter the appropriate mode and reason codes.
 - 2. "Time Seen" and "Untimely Reason" are not system-required entries.
 - 3. If an incorrect SSN has been entered for a household, delete the agency contact by entering "Y" to the "Message" on the bottom of the screen. If other items are in error, correct them by moving the cursor to the appropriate field and enter the correction.
 - 4. The household is not required to verify the SSN for entry on the Agency Contact File.
 - 5. If a joint FS and IM application is to be entered, KAMES will not allow the same "Contact Time" for both. Enter one of the contact times as one minute later.
- B. If an application pends for supervisory approval, check to see if an agency contact is on file. If no agency contact with an application reason code is on file, the application does not dispose.
- C. Inquire Agency contact through Function "B" on the Main Menu and File "B" on the Inquiry Menu.
 - 1. You may review agency contacts for a case, a caseload, a unit or county by entering the required "Key" fields.
 - 2. For inquiry of Agency Contact by name, enter the first 4 letters of the last name and first letter of first name with no space between last and first name.

EXAMPLE: John Smith must be entered "SmitJ".

- 3. To enter a last name with fewer than 4 letters, spaces must be entered to make 4 letters. Enter enough spaces to insure that the first letter of the first name is entered in the fifth position.

EXAMPLE: John Doe must be entered "Doe ____ J".

- D. An agency contact is system-deleted at the following times:
1. Application approval;
 2. Application denial; or
 3. After 29 days from date of entry.
- [E. When the agency contact is system-deleted after 29 days, or when matched to an application, it is permanently retained on RDS report MG10, HR KIMG10 Agency Contact Purge Report.]

MS 1220

DAILY CASE STATUS REPORT

The Daily Case Status Report lets you see General Information, the daily appointment schedule, and all pending case actions. This information is automatically displayed at the first sign-on of the day and may be inquired throughout the day by selecting Function "F" from the KAMES Main Menu.

A. Most items on the DCSR are self-explanatory. Additional information is provided as follows:

1. General Information is generally known as the Daily News, News Messages and Tip of the Day. These messages are created in Central Office.
2. Expiring Enumerations list members who have pseudo numbers and are close to ineligibility for failing to comply with enumeration requirements. If a verified SSN is not entered, the unenumerated member is removed from the assistance group.
3. Automatic Discontinuances lists the cases that will be system-discontinued.

[a.] If the discontinuance is not appropriate, make whatever changes or corrections are necessary.

[b. TMA cases may display a future discontinuance date.]

4. Exception List contains batch match hits.
5. Actions Nearing Time Limit is provided to the FSS to track the timeliness of worker actions.
6. When a required action is taken, such as an application being approved, the matching listing is system-deleted from the DCSR. Some spot checks must be deleted manually.

B. Use KAMES Main Menu Option G, Daily Case Status Maintenance, to update the DCSR.

C. [KAMES Implementation Memo 97-5-568, KAMES Spot Check Guide, contains an overview of the spot check process and a guide to individual spot checks.] In addition to the instructions contained in the Spot Check Guide, the supervisor can view or delete one worker's spot checks at a time by using the following procedure:

1. Select Option "G" from the KAMES Main Menu;
2. Select Option "B" on the Daily Case Status Maintenance Menu;
and
3. Enter a Caseload Code or Worker ID in the fields provided.

Using these procedures will improve system response time.

MS 1240

CASE TRANSFERS - INTRODUCTION

ANY case that is active or pending on KAMES can be transferred to another county or to another caseworker in the same county. For FS, it is no longer necessary to discontinue the case before transferring it out of county. One FSS or a selected individual is designated in each county to receive cases transferred between counties on KAMES. Cases transferred between workers within the same county can be done by any supervisor. Upon receipt, the designated FSS transfers the case to the appropriate caseload. Pending applications as well as cases with pending recertifications can be transferred. Additionally, active cases can be transferred to another county when a representative living in one county is applying for or wanting to provide information for recertification or change for an applicant or recipient residing in another county.

MS 1245

BASIC CASE TRANSFER PROCEDURES

The following procedures are used to transfer an active or pending case between counties.

A. When a household reports moving to another county, the sending county must:

1. Access Case Change and enter the new home and/or mailing address, including the new county code. Enter the previous verification source, unless new verification has been provided. Do not pend the change for verification of residency as this could have an adverse effect on companion cases. Residence must be reverified at the next recertification;
2. Access Case Change - Case General Information and delete or enter new verification of household size as necessary;
3. Document Comments;
4. The sending FSS must immediately transfer the case to the supervisory caseload code for the new county. Enter "N" to "Send Notice?". If a notice is generated, it carries the name of the FSS in the new county as the caseworker.
5. Mail the case record to the new county, accompanied by form PAFS-25 addressed to the FSS identified by on-line help. If a claim exists for the household, follow procedures found in [Vol. I, MS 1587](#) for transferring that material.
6. The following procedures are unique for transferring FS and KWP cases.
 - a. [Change the address. For food stamps, follow procedures in OM [Volume II, MS 6765](#).]
 - b. If the case being transferred contains a KWP participant, follow the procedures specific for transferring a KWP case located in [Vol. I, MS 0170](#).
 - c. If a transferred FS case contains an ABAWD, make any necessary changes to the member's Tracking Report or disqualification file, if appropriate, prior to transfer. Notify the receiving county concerning the member's eligibility or ineligibility.
 - d. If a transferred FS case contains a member who has served, but not yet cured, a work related disqualification and the county of receipt is a waiver county, change the Cure Ind. to "Y" before the case is transferred.

B. The receiving county must follow these procedures:

1. The FSS receives a spot check "Case Transferred In-Do Reassign" the first workday after the sending county makes the caseload code change. The FSS reassigns the case to the appropriate worker and answers "Y" to "Send Notice?"; and

2. Your DCSR will display all spot checks and other DCSR messages related to the case. You must access the case and take any required action.
 3. If the case is received in an inactive ETP/ABAWD county, process a member add for any ineligible ABAWD or work registrant whose work related disqualification has been served and Cure Ind has been changed to "Y".
- C. Distribute verification received after case transfer as follows:
1. Verification received in the new county - hold and give to the appropriate caseworker when the case is assigned; and
 2. Verification received in the old county - forward to the new county on the same day received.
- D. When an active case with vendor payment requires transfer to another county, transfer the case in active vendor payment status. The receiving county completes the discharge transaction from the previous facility and the admission transaction to the new facility or address change to a private residence, as appropriate.
- E. If the recipient reports the change of address to the new county, or applies for benefits and the worker discovers that an active case already exists in another county, do the following:
1. Obtain the recipient's current address and verify household size and shelter expenses;
 2. Contact the worker responsible for the active case and request that it be transferred, giving all necessary information verbally; and
 3. Conduct or reschedule a recertification interview, if it is the final month of the certification period and no recertification interview has been done in the other county.
- F. When an FS case is transferred from an active ETP/ABAWD county to an inactive ETP/ABAWD county, the FSS takes the following action:
1. The active county acts on all outstanding work related spot checks before transferring the case;
 2. The inactive county checks the DCSR for outstanding work related spot checks;
 3. Within 24 hours of receiving a case with an outstanding work related disqualification, the inactive county verbally contacts the active county and returns the case for resolution; and
 4. After the work related disqualification is entered and comments document these actions, the active county transfers the case to the inactive county.
- G. If an individual comes into the office to apply, provide change information or request a recertification interview for a recipient in another county for whom they are responsible, take the following action:
1. The FSS or designated individual responsible for transfers is to call the county of residence for the applicant/recipient and request the case to be transferred to their county for case processing;

2. The caseworker enters the application, recertification or change information and accepts verification provided;
3. The RFI is given to the representative for return of the information to the county of residence for the recipient. Ensure they have the correct office address for mailing;
4. The FSS or designated individual responsible for transfers calls the recipient's county of residence to advise the case is being transferred back to the originating county; and
5. If information is returned to your office at a later date, ensure it is forwarded to the appropriate county for case completion.

MS 1247*

COUNTY TRANSFER CODES

One caseload code in each county is designated to receive all cases transferred from other counties.

- A. Obtain this number by entering "?" in the new caseload field on the case reassignment screen. On-line help displays the designated caseloads for county transfers.
- B. Update a designated caseload code by reporting the change to KAMES security at (502) 564-7514.

MS 1250

CASE REASSIGNMENT

The FSS or Principal Caseworker reassigns a case from one caseworker to another in the same county, by selecting Function "R" on the Main Menu. Complete the screen across, from left to right.

Your DCSR will display all spot checks and messages for a case that is reassigned to you.

MS 1260

SUPERVISORY OVERRIDE

The FSS or Principal Casework Specialist returns a disposed case to pending status by selecting Function "A" on the Main Menu, and Option "5" on the Application/Recertification Menu. The override must be completed the same day the application, recertification or program transfer is disposed.

- A. When companion IM and FS cases are disposed on the same day, you have the option of overriding either case or both cases.

Do not override a companion case action unless it is necessary to correct the related case. Answer "Y" on the Supervisor Override Related Cases Display screen if the related case needs to be overridden. As a rule, the related case action usually does not require an override.

- B. Do not override a case unless it is necessary to process correctly on KAMES. For instance, do not override a case action to document Comments. Use case change for that function.
- C. Process EACH pending application, recertification or program transfer that was overridden as follows:
 - 1. Select Function "A" on the Main Menu;
 - 2. Select the Option to update the appropriate action on the Application/Recertification Menu;
 - 3. Make necessary changes; and
 - 4. Dispose the action.
- D. Select Function "U" on the Case Change Menu to override a case change action.

MS 1265*

PROFILE SELECTION

The profile entered for each worker, through the 25th of the month, is used to select cases for supervisory review for the following month. If no profile is entered by the 25th of the month, the system uses either the prior month's profile or, if no profile was previously entered, the default profile. For FS cases, the default profile is 4 or more household members with earned income greater than \$199 and coupon allotment greater than \$150. For IM cases, the default profile is earned income.

- A.. For selection of cases for supervisory review based on established profiles, do the following:
1. Select Function "E" from the main menu; and
 2. Enter up to 15 caseworker's KAMES User ID's and indicate the appropriate profile codes in the FS and IM columns.
 3. Enter "Y" to delete the profile entered for a worker.
- B. Cases matching the profile processed during the month are displayed on the supervisor's DCSR on a weekly basis. Only one profile per month may be entered for a worker for each program. For example, you may enter FS profile 01 and IM profile 02 for worker AAAA.

For display of cases to be reviewed by a supervisor, do the following:

1. Select "F" from the Main Menu; and
2. Select "J" from the Daily Case Status Report Menu.
3. KAMES displays worker code, case number, case name, review profile and date of case action.

MS 1270

SSN/NAME MATCH

KAMES completes matches on case name and number after the Application/Recertification Menu, and on member name and number after the Household Members screen. Matches to KAMES and the PA-62 system data files must be resolved before a case will dispose. Incorrect responses affect the case being entered, as well as cases assigned to other caseworkers.

- A. Answer the questions on these screens truthfully, unless otherwise directed by the Help Desk.
- B. If an individual previously has been assigned a pseudo number on KAMES or the PA-62 system, enter the same pseudo number on KAMES. If this number is not used, incorrect assignment and matches to KenPAC, Department for Medicaid Services and KASES will take place.
- C. When a "T" individual is entered with an unknown SSN or DOB, allow the system to assign a pseudo number. Leave the DOB blank.
- D. If a member is assigned a pseudo number at application, reapplication or member add and the member is in an inactive case with a real SSN, answer "Y" it is the same person when the Name/DOB match occurs. Correct the member's SSN on the Household Members screen.
 - 1. If answered "N", the person is not the same, the SSN change function cannot be used later.
 - 2. To correct the SSN for the active member:
 - a. [Change the inactive but real SSN to a "900" pseudo number that you obtain by calling the KAMES Help Desk at (502) 573-5831.] This can be done even if the inactive SSN is on off-line history; and
 - b. Change the pseudo number of the active member to the real SSN.

MS 1275

FUNCTION X

[Use Function X for conversion cases when a member is on KAMES with one number, either SSN or pseudo number, but is also on the PA-62 system with another number.] Failure to use Function X appropriately may cause the PA-62 case not to discontinue after being converted. Problems with Medicaid billing or DCSE referrals may also result. Function X is used to correct SSN's on the conversion file, for matching purposes only. [It does not change or correct an SSN on PA-62.]

- A. Use the following procedure to reconcile multiple SSN's.
 - 1. Select Function "X" from the KAMES Main Menu.
 - 2. Enter the PA-62 member number. This is a number that you have chosen NOT to use as the member number on KAMES.
 - 3. Enter the corresponding 5-digit last name and date of birth as shown on PA-62. If the last name and date of birth entered do not match what is on the conversion data base, an error message will display.
 - 4. Enter the member number to be used on KAMES. This may be a pseudo number or a real SSN.
- B. Function X may be used before or after the conversion recertification is entered.
 - 1. Use Function X before the conversion recertification is entered, if you know that there are different member numbers on KAMES and PA-62.
 - 2. Take the following steps if you discover the situation when the name/SSN match screen displays during the conversion recertification:
 - a. Answer "Is this the same person?" with "Y" and press enter. [The system then returns to the Household Members screen with a message allowing you to delete the member.]
 - b. PF22 to the Main Menu.
 - c. Select "X" and process as outlined in item A above.
 - d. PF22 to the Main Menu and select "A". KAMES returns you to the Household Members screen in the conversion recertification.
 - e. [Press enter and the name/SSN match screen displays again.] Enter "Y" for "Is this the same person?"
- C. Using Function X sends an SSN change from KAMES to EZ, KASES, or JAS. It does not send changes back to PA-62.

MS 1280*

SSN/NAME MATCH PROCEDURES

The following information is provided to clarify KAMES SSN/Name/DOB matching processing.

- A. All individuals entered on KAMES are matched against all active and inactive members already on KAMES. The match on the primary case person takes place after completion of the Application/Recertification Menu. All other individuals are matched after completion of the household member screen (KRKIMI08).
- B. Each SSN or Name/DOB match appears on a separate screen.
- C. Certain fields have been highlighted to aid in understanding the SSN and Name/DOB matches.
- D. While processing through the match screens, anytime a "discrepancy" occurs in the answers to the match questions, KAMES returns you directly to either the Application/Recertification Menu for a case match, or the household member screen for a member match, to correct data before proceeding to the next match.
 - 1. As you return through the match processing, any previous match screens including those that were answered correctly, display again. You must reenter the answers to these matches.
 - 2. The member who received the match and has a "discrepancy" is highlighted when you return to the household member screen.
 - 3. If there are multiple pages of the household member screen (case has more than 5 members), you return to the first household member screen. If no one is highlighted, press enter and go to the next screen to find the member who has the discrepancy.
 - 4. Once a match has been resolved and a "discrepancy" no longer exists the match does not display again, unless the change made to the household member's name or date of birth causes another match.

MS 1400

GENERAL OVERVIEW OF INQUIRY

[See OM Upd. No. 07-09, MS 99758, 4/1/07](#)

Use Function B on the Main Menu to access Inquiry. NEVER use the Case Change function for inquiry purposes. Using Case Change for Inquiry results in unnecessary notices being mailed and causes confusion for recipients.

When you select Function "B", you receive the Inquiry Menu. The following is a brief summary of the files available on the Inquiry Menu.

- A. Case/Pending Inquiry Menu - Use this field to inquire any case or member segment on active, inactive or pending cases.
- B. Agency Contact - This file contains the agency contacts entered on the system. Agency contacts on applications are retained for 90 days. All other agency contacts are maintained for 30 days.
- C. Appointment Sched. - [Use this file to find a recipient's appointment. It is possible to find the recipient's appointment time by entering "Case Number" only.] Leave "Worker" and "Date" blank. The appointment calendar for the date of the scheduled appointment displays. Appointments can be viewed 10 days in the past and 50 days in the future.
- D. Management Reports - [This file includes Application/Caseload Activity, Caseworker Production and the Application/Reinstatement Register.] You can only access your own reports through this file. The FSS and some clerical staff can access the reports for their unit/county.
- E. Eligibility Tables - This file contains the eligibility tables for all programs. When you select a table, the most current table for that program displays. To receive prior tables, change the effective date.
- F. Caseload Assignment - Use this file to inquire the worker assigned to a caseload, or the caseloads and workers in a given county or unit. In counties with multiple units, inquire the caseloads by unit. Use caseload code, not worker code.
- G. SSN Cross Reference - To inquire if an individual has been on KAMES with another SSN, enter the current SSN on the system. This file only displays SSN changes completed through Function V on the Case Change Menu.
- H. TCC Inquiry - This file is used to inquire TCC cases.
- I. Provider File - Use this file to inquire LTC, KenPAC or PCH/FCH providers. Enter "X" by the file you wish to inquire and enter the county code. The files can be inquired by zip code only for Bell, Campbell, Fayette, Fulton, Jefferson, Kenton, Pike and Whitley counties.

- J. ABD M.A. Inquiry - This file will be used to inquire SSI recipients when SDX is available.
- K. History Inquiry - This file is used to view off-line history requested within the last five days.
- L. Special Circumstance - Use this file to inquire any special circumstances issued for a case. Access by entering the case number.
- [M. Managed Care Partnership - Use this file to inquire Managed Care Partnership information by county code, region number or partnership number.
- N. School Listing - Inquire by county number to view all schools, their addresses, school numbers and districts.]

MS 1410

HOW TO FIND A CASE NUMBER

If you do not know the case number for an individual, do the following:

- A. Select "B" on the Main Menu and press enter;
- B. Select "A" on the Inquiry Menu and press enter; and
- C. On the Case/Pending Inquiry Menu:
 - 1. Leave "Case Number" blank;
 - 2. Enter "A" in "Segment"; and
 - 3. Enter the individual's SSN in "Member Number" and press enter.

If the individual is not found in any case, the message "Member not found" displays.

If the individual is only in one case, the system uploads the "Case Number" field.

If the individual is included in multiple cases, you receive the Inquiry - Case/Member Selection screen. This screen displays all active and inactive cases the individual is in or has been in and the individual's status in each case. To inquire any of the displayed cases, enter the "Select" number and press enter. This takes you back to the Case/Pending Inquiry Menu and uploads the case number you selected.

MS 1420

INQUIRY BY NAME

To find an individual by name, do the following on the Case/Pending Inquiry Menu:

- A. Leave "Case Number" blank;
- B. Enter "A" in "Segment";
- C. Leave "Member Number" blank;
- D. Enter the individual's first name, middle initial (leave blank if not known), and last name, and press enter.

Entering the individual's date of birth or county if known, before pressing enter, reduces the list of names produced by the system.

MS 1430

PENDING ACTIONS

Inquire pending applications, recertifications, program transfers, member adds or case changes on the Case/Pending Inquiry Menu by doing the following:

- A. Enter the case number, member number or the member's name;
- B. Enter "A", or other appropriate segment; and
- C. Answer "Y" to "Do you want to view the pending app/recert/prog. T./mbr. add/case chg?" and press enter.

MS 1440

CASE/MEMBER SEGMENTS

[On the Case/Pending Inquiry Menu, the Case Segments, A through W, are case specific, and do not require a "Member Number".]

The Member Segments, AA through XX, are member specific and require a "Member Number" for access.

The most recent information displays when you access a segment. To view previous information on a segment, press PF8/PF20. To page backwards, press PF7/PF19.

If there are multiple pages on an Inquiry segment, press enter to obtain the additional pages. For example, Segment AA, General Info, consists of 3 pages. The first page is displayed when you access the segment. Press enter to receive pages 2 and 3. You can view previous entries for the questions contained on each of the 3 screens by pressing PF8/PF20.

MS 1442*

BIRTHDATE INQUIRY

Select option "O", Current/Previous Members, from the Household Members inquiry to view the date of birth for all household members.

MS 1445

UNEARNED INCOME

To inquire unearned income, select "BB" on the Case/Pending Inquiry Menu. The Unearned Income Menu displays each possible type of unearned income with a corresponding selection number. If the member has unearned income on the data base, an asterisk displays in front of the selection number for that source. To view a particular type of unearned income, enter the "Selection" number.

Only nonpending income will display on this screen. Different information may display between related cases, as income may be pending in one case but not pending in the other.

EXAMPLE: FS recertification is pending for verification of shelter expenses. New verified unearned income has been entered. The related K-TAP case is not pending for recertification. The new income will display if the K-TAP case number is entered on the Inquiry Menu, because it is already being counted in the C case. The new income will not display if the FS case number is entered on the Inquiry Menu because it is not yet being used in the pending FS recertification.

Unearned income history will display when "Sel #" is entered for a month that has previous data. The type of unearned income displayed will be uploaded in the spaces following "Unearned Income" and "MM/YY" will be uploaded following "History For".

MS 1450

CHILD CARE EXPENSES

When child care expenses are entered in both the IM and FS case, different amounts display, due to the difference in policy. You must inquire Segment "AA" for each child with child care expenses, in both the IM and FS case.

Inquire each case separately to view the child care expense.

- A. The IM case displays the child care expense that was entered in the IM case with zero in the FS field.
- B. The FS case displays the child care expense entered in the FS case, with zero in the IM field.

MS 1455

AVAILABILITY FOR FULL-TIME EMPLOYMENT

To inquire the question "Is he/she available for full-time employment?" for the qualifying parent in a W case, inquire the deprivation segment "JJ" for the child whose deprivation is coded unemployment.

MS 1460

OUT-OF-STATE PROVIDERS

[Do the following to inquire out-of-state LTC providers.

- A. Select "I" on the Inquiry Menu and enter "X" in the LTC provider field.
 - 1. If you know the county code of the state you need, enter it in the county field.
 - 2. If the county code is not known, enter a question mark in the county field. PF20 until you find the state and county code you need.
 - 3. PF16 takes you back to the menu.
- B. You can narrow this search by also entering a specific category of service in the LTC/KenPAC provider field.]

MS 1465

KENPAC INQUIRY

Use the following directions to view the Member Inquiry KenPAC screen.

- A. The top line of KenPAC information is the most current. No card may have been issued yet for that provider, but it is the current assignment.
- B. There is a listing for each provider the recipient has ever been assigned to.
- C. If an assignment was made and later ended, there are two listings.
 - 1. One shows the ongoing assignment, for example; a start date 090195 and an end date 123199.
 - 2. The line above that shows when the provider was changed; for example, start date still 090195 and end date 093095.
- D. If no MAID was issued to the provider during the time it was assigned, the end date is shown as the day before the start date; for example, 100195 to 093095.
- E. The bottom listing is the oldest. The update field on this line is blank if the information shown came from the old KenPAC screens.

MS 1470

IM AND FS ISSUANCE INQUIRY

To review issuance history, access Segment "J" on the Case/Pending Inquiry Menu. The most recent issuance month displays.

MS 1475

FS REPLACEMENT INQUIRY

Select "J" on the Case/Pending Inquiry Menu, to inquire an FS replacement.

- [A.] When an FS replacement issues, the "Amount" and "Date" of the replacement display on the original Benefit screen. In addition, a separate Replacement Benefit screen displays, immediately following the original benefit segment, and contains the following data:
 - [1. Benefit type;
 - 2. Benefit date;
 - 3. Amount issued;
 - 4.] Reconciliation number; and
 - [5.] Certified mail number, if applicable.

- [B. The caseload code displayed on the replacement inquiry segment is the caseload of the case. The user ID of the person issuing the replacement is not retained.]

MS 1480

CLAIMS INQUIRY

To inquire a repayment schedule and benefit reduction information, do the following:

- A. On the Case/Pending Inquiry Menu, enter the case number, select "M", and press enter.
- B. Enter "R" or "C" as appropriate, on the Reduction/Restoration Selection screen and press enter.

MS 1485*

COMMENTS INQUIRY

Do the following to view multiple comments screens through the inquiry function.

- A. Use PF8/PF20 to access the next set of notes screens.
- B. Press enter to view the next page.

MS 1490

HISTORY

For active cases, the system purges all information except the current certification period and the prior certification period. A minimum of six months' data prior to the current certification period remains online.

EXAMPLE: Case A has been active for two years. The certification periods assigned are: 7/93 to 12/93; 1/94 to 6/94; 7/94 to 12/94; 1/95 to 7/95; 8/95 to 12/95. When the history purge program runs 8/1/95, the data retained is 1/95 to 7/95 and 8/95 to 12/95 certification periods.

For inactive cases the system purges all data, except perpetual history, after 90 days from the effective date of the discontinuance or denial.

EXAMPLE: Case B is discontinued on 7/13/95 effective 8/1/95. When the purge program runs on 11/1/95, the entire case, except perpetual history data, will be purged.

The data that is purged does not disappear entirely; it can still be viewed by using two inquiry functions.

- A. Some information remains available on KAMES active inquiry forever. This is called perpetual history and is provided primarily to accommodate IM recipients. It is possible to use perpetual history to identify every case an individual has been in. Additional information retained in perpetual history includes time-limited deductions, TCC, Lock-in, KenPAC disenrollment. Use the following procedures to access perpetual history.
 1. Select Option "VV" from the Inquiry Menu and enter the member's SSN.
 2. The Inquiry Member Perpetual History screen shows all of the cases that the member has been in and whether each case is on history.
 3. [If the "P" field is "Y", the case has been discontinued for more than 90 days and all information is available on offline history.
 4. If the "O" field is "Y", the case is still active or has been discontinued for less than 90 days and some of the information has been moved to offline history.
 5. If both "P" and "O" are "N", there is no information on offline history.]
- B. [Use the following procedures to activate offline history for KAMES-IM.]
 1. Select "K" from the Main Menu and press enter.
 2. Select "A" from the History Report Menu and press enter.
 3. Select either "A" or "B" from the History Database Load Selection Menu.
 4. Make appropriate entries in the required fields and press enter.

5. The History Report Menu screen reappears with the message "Transaction Successfully Complete". Press PF15 to the Main Menu.
 6. [During nightly batch, the requested case or member information is retrieved from offline history. On the next workday, the requested case or member information can be viewed. It is available for 5 working days.
- C. Use the following procedures to view the retrieved KAMES-IM information.]
1. Select Function "B" on the Main Menu.
 2. Select Option "K" on the Inquiry Menu. The History Inquiry Menu displays.
 3. Request the needed information by entering the case number for case level data. Enter case number and member number for member level data. Enter the segment you wish to view.
 4. When the requested segment displays, press PF20 to view earlier segments.
 5. Screen print the information, if needed.
 6. If no segment exists, "No Records Found" displays.
 7. If a segment has more than one screen, press enter to access the remaining screens. Press PF8 or PF20 for other occurrences of this screen.
 8. Press PF15 to return to History Inquiry Menu.
- D. [Use the following procedures to activate offline history for KAMES-FS.
1. Select "K" from the Main Menu and press enter.
 2. Select "B" from the History Report Menu and press enter.
 3. Select appropriate option 1 through 8 from the History Report Selection screen.
 4. Make appropriate entries in the required fields, based on the option selected, and press enter.
 5. The History Report Selection screen reappears with the message "Transaction Successfully Complete". Press PF15 to the Main Menu.
 6. The history requests are processed weekly.
- E. Offline history from KAMES-FS is mailed to you on hardcopy. It cannot be viewed on KAMES.
- F. Special circumstance data is viewed through inquiry. It is not moved to offline history.]

MS 1500

SSN VERIFICATION

Enter SSN verification as follows:

- A. If verification is provided, enter the appropriate verification source code on the member's General Information screen.
- B. If the SSN is known but no verification is provided enter "CS" as the verification code.
- C. Refer to [Volume I, MS 0656](#) for enumeration procedures, when an individual has no SSN.
- D. The verification code of "SA" is uploaded for all SSN's that are system verified by the Social Security Administration.

MS 1505

SVES

A computer tape is sent to the Social Security Administration (SSA) at the end of each workday, containing the SSN of active members in all categories of cases on KAMES.

- A. SSA verifies each member's SSN, name, date of birth and sex code.
- B. If the SSN is verified, the verification code of "SA" is uploaded.
- C. If the information sent does not match the SSA records, the SSN is returned as nonverified.
 - 1. Nonverified SSNs appear as spot checks on the KAMES DCSR on the day after the SVES tape is processed.
 - a. (DOB) Verified as (DOB) is one of the spot checks. It indicates that the KAMES DOB does not match the DOB verified by SSA.
 - b. The spot check has a timely date of 30 days and is displayed on the Supervisor's DCSR after 20 days, if unresolved.
 - c. The specific reason the SSN is unverified determines the text of the spot check.
 - 2. For each spot check, take the following action:
 - a. Review the case record for accuracy. [For non-SR cases, compare the case member's name, date of birth and SSN as it appears on the system to any available documentary evidence in the case to ensure these items are entered accurately.] If an error is found, correct the information and clear the spot check.
 - b. If no recording error is found, discuss the discrepancy with the household at the recertification interview. If the interview has already been conducted, contact the household by form PAFS-7 scheduling an interview to discuss the discrepancy. At this point, request an SSN card or other acceptable document to verify the accuracy of the number. If an error is found between the system-entered information and the documentary evidence, correct the case information and delete the spot check.
 - c. If the household provides verification that indicates the SSA information is inaccurate, clear the spot check and document in Comments the reason the discrepancy was not resolved. Refer the member to SSA for corrections.
 - d. If the household refuses to cooperate in resolving the discrepancy, discontinue the case and document in Comments the reason for the discontinuance. Use the discontinuance code for noncooperation. Do not approve the

household for benefits until the household agrees to cooperate in resolving the discrepancy.

- [3. For each spot check, for SR cases, any system-generated spot checks that workers receive which are not "verified upon receipt" should not be acted upon during the certification period. Copy and file the spot check notice in the case record to be acted upon at the next recertification.]
- D. Some nonverified SSNs appear as spot checks on KAMES, when they were actually sent from the PA-62 system. The spot check does not indicate this. Check KAMES for correctness of the information identified in error.
 - 1. If the information on KAMES is correct, document in Comments and clear the spot check.
 - 2. If the information is not correct, take steps to resolve the discrepancy, per item C, 2.

MS 1510 NONENUMERATED DEEMED ELIGIBLE NEWBORN

For K-TAP cases, when the SS-5 date for a deemed eligible newborn that is not enumerated is 90 days old, take the following steps.

- A. If the recipient is cooperating with enumeration requirements for the deemed eligible newborn, and:
 - 1. The recipient states the SSN card has not been received, complete a second form SS-5. Change the SS-5 date for the appropriate individual on KAMES to reflect the date the second form SS-5 was forwarded to the Social Security Administration; or
 - 2. The recipient provides the SSN card, use Function "V" on the Case Change menu to change the pseudo number to the verified SSN. When the pseudo number is changed to the SSN, the SS-5 date is deleted by the system.
- B. If the recipient is not cooperating with enumeration requirements for the deemed eligible newborn, the system sends a notice to the recipient and changes the deemed eligible newborn to an MA only child.

MS 1530*

HOUSEHOLD SIZE VERIFICATION

Household size is required verification for FS, K-TAP, L and N cases. It is not required for Adult MA, I, Y, P and U cases. Use the household size field to verify that a child lives with the SR.

MS 1590

INCLUDING THE NONRESPONSIBLE SR
WHEN THE SR IS TECHNICALLY INELIGIBLE

If the parent is technically ineligible, the nonresponsible SR may be included in the case with the child. Since the system will not allow the M03 and the M06 to be in the same case, do the following:

- A. Assign the technically ineligible parent a "T" status code.
- B. Assign the nonresponsible SR the IM ID code of "M06".
- C. Compute all countable income belonging to the technically ineligible parent outside the system and enter it as "Other" unearned income, with "IM" in the FS/IM/JT field, to the oldest child in the case.
- D. Document in Comments all necessary information regarding these actions.

MS 1620

CARETAKER RELATIVE PROCEDURES

If a major parent, a minor parent with no siblings, and the minor parent's child live together and the major parent applies for K-TAP, determine who is exercising parental responsibility for the care and control of the minor parent's child in order to determine who may be included as case members.

- A. Use the following workaround if the major parent is not eligible for K-TAP because of not providing care for the minor parent's child.
 - 1. Code the major parent "R42", which allows the income to be considered;
 - 2. Code the minor parent "M03";
 - 3. Code the minor parent's children as "M02", "M05" or "M09", or appropriate MA code; and
 - 4. Complete form PA-105 to advise the major parent of his/her ineligibility.
- B. If the major parent is eligible, no additional action is needed.

[The caretaker policy does not apply to Family MA cases.] Therefore, if the major parent is no longer eligible for K-TAP, MA eligibility may exist. If eligible, a separate MA case is approved for the major parent.

MS 1630

[SPOUSES APPLYING FOR K-TAP
WITH NO COMMON CHILD

When a husband and wife, each with a child, apply for K-TAP, and there is no common child, enter a separate application for each parent. Use IMID codes R40 and R81 to stop any income from being incorrectly deemed to the other K-TAP case.

When both applications are pending, the first case processed counts the stepparent surplus, since the other parent is not yet receiving K-TAP.] The second approved case does not count stepparent surplus. Process a J-No Change action in the first approved case, and the stepparent's income is no longer considered effective the first possible month.

[The surplus income should not have been counted in either K-TAP case, so issue a supplemental as needed to compensate for incorrect income.]

MS 1635

[SSI PARENT IN K-TAP HOUSEHOLD

When entering a K-TAP case with a parent who receives SSI, do not code as "M03" or "M04".] Code the SR who is receiving SSI as "R57" and code the SP who is receiving SSI as "R58". KAMES determines eligibility based on these codes.

MS 1640 DEATH OF THE SR DURING PENDING APPLICATION

In order to provide MA coverage for the eligible SR who dies after application is made, but before it is processed, do the following:

- A. Deny the application;
- B. Enter a reapplication with a new SR;
- C. Backdate the application date to the original date; and
- D. List the deceased parent as SP in the reapplication, with appropriate "from/to" dates.

The system approves the case for the new SR and the children. A medical card is issued for the deceased SP based on the "from/to" dates.

MS 1650 COUPLE WITH COMMON AND UNRELATED CHILDREN

In a C or W case of an unmarried couple with common and unrelated children, the children who are related to the second parent only are to be coded M05 on the Member Information screen. Due to Standard Filing Unit, the SP's child is eligible but not related to the SR. Document in Comments why the M05 code was used.

MS 1660

MA CHILDREN IN K-TAP CASES

K-TAP cases including MA only children do not always budget correctly. To avoid these problems, set up separate K-TAP and MA cases. Separate Y or I cases can be set up at recertification or case change. The recipient does not need to make a new application.

If the cases are separated as a result of a case change, document thoroughly and create separate case records by copying all original material in the initial case.

The recertification dates in these cases must match.

MS 1700

IM REPRESENTATIVE/PAYEE

The Representative/Payee screen allows for three different types of IM representative. Select the representative type for each specific case, according to the guidelines given on the screen.

- A. Use representative (to make application only) for an interested party.
- B. Use payee (to receive notices) when the applicant has a representative who takes care of that individual's affairs. For example, an LTC recipient has a daughter who needs to receive recertification notices, etc.
- C. Use protective payee (to receive IM checks) when the recipient has someone to be responsible for their affairs. Protective payee does not just apply to K-TAP cases. For example, when a State Supplementation recipient cannot manage his own funds and the check must go to a payee enter that person or the protective payee.

MS 1850 ANSWERING "ARE THERE ANY OTHER FATHERS?"

When "Are any other fathers..?" is answered "Y" in error and the additional AP screen appears, take the following action:

- A. If the additional AP information screen has not been completed:
 - 1. Type "Stop" in the 'next action' field and no other entries are required; press enter.
 - 2. You are returned to the first AP screen with "N" uploaded to "Are any other fathers claimed for this child?".
- B. If the additional AP information screen has already been completed, when the error is identified:
 - 1. Answer "Y" to "Delete" and press enter;
 - 2. [The system deletes incorrect AP information.]

MS 1880

INCARCERATION

Enter data on the deprivation screens as follows:

- A. "Verified Date" fields on the Incarceration screen relate to the actual date the parent entered the correctional facility, or the date the facility expects the parent to be released. "Verified Date" does not refer to the date verification was obtained or provided.
- B. If the parent is never to be released, enter "12319999" for "Date parent is expected to be released".
- C. Enter the three-digit maximum number of months possible or "999" in "Length of parent's sentence (months)".

MS 1890

FORCED SEPARATION

When you enter forced separation deprivation information, KAMES deletes any previously entered information regarding emergency shelter.

MS 1910

INCAPACITY

When incapacity of both parents is the deprivation factor, KAMES does not allow two incapacitated parents for the same child. Enter as follows:

- A. Base deprivation on the parent believed to be most incapacitated.
- B. If two MRT determinations are required, accomplish one of them outside the system.
- C. Document in comments which parent is the primary incapacitated parent when it is time to enter the final information regarding incapacity.

MS 1930

DEPRIVATION CHANGES

If the deprivation factor change results in a program code change, enter a program transfer. Change the deprivation information on each applicable child when entering the program transfer. If the program transfer denies, the case continues in the previous program code.

[If the change in deprivation does not result in a program code change, enter the changed information for each child, per [MS 1940](#).]

EXAMPLE: Previously absent parent returns to the home, and is now incapacitated. Change the deprivation from desertion to incapacity. Program code remains a C. No program transfer is needed.

MS 1940*

DEPRIVATION CHANGE PROCEDURES

Do the following to change the deprivation of a child in an IM case from one deprivation type to another type.

- A. At application, recertification, or program transfer, if the Deprivation screen has a "Deprivation Type" uploaded, do the following:
 - 1. Change the answer to "Is this parent a basis of deprivation?" to "N" for both the father and mother;
 - 2. Erase the entries for the numeric "Deprivation Code" on both the father and mother, and the "primary deprivation" factor code. Leave these fields blank and press enter;
 - 3. On the next screen, use the "Last" command to navigate back to the Deprivation screen and enter the new data.
- B. At case change do the following:
 - 1. Select Segment JJ on the case change menu for the child in question. You do not have to select a month/ongoing segment;
 - 2. Erase the alpha character in "Parent causing primary deprivation";
 - 3. Erase the numeric deprivation type code in "Dep" and enter "00" and press enter;
 - 4. You are returned to the previous screen. Note that the deprivation has been deleted. Access the child's Segment JJ and enter the new deprivation data;
 - 5. Follow steps 1-4 to update the Deprivation Segment for any other children in the case, as needed; and
 - 6. End session.

MS 1950

RECENT DESERTION

[In K-TAP cases, for applications or member adds with the deprivation of recent desertion, DO NOT enter the verification source prior to the 30th day of desertion, as this may cause an incorrect supplemental to be issued. A spot check, "Desertion-contact client", is posted to the worker's DCSR on the 27th day of desertion. This is to remind the worker to reverify absence and to enter the verification source on the 30th day.]

MS 2000

DISABILITY SCREEN FOR SSI RECIPIENTS

When the disability screen question "Does he/she receive..?" is answered "01" and the verification source is entered, disability for adult MA has been established. If any or all other questions are inappropriate, leave them blank. The system does not require entries. If they are answered "N", the system pends the case for verification of disability.

MS 2010

INCAPACITATED STEPPARENT

[When a stepparent or his spouse alleges incapacity and requests MA coverage, follow these procedures according to whether the children are active in a K-TAP or Family MA case.]

- A. Use IM ID code M08 in an L case, for a stepparent when there is no common child and he or his spouse alleges incapacity or disability.
 - 1. Prepare form KIM-100, Supplement M, Part I, on the stepparent or parent claiming to be disabled or incapacitated;
 - 2. Include the stepparent (M08) in the case. Answer the question "Is he/she or spouse incapacitated or disabled?" "Y", but leave the verification field blank.
 - a. If verification is not provided timely, KAMES changes the M08 to R40 and denies benefits.
 - b. If incapacity/disability is not met, change the answer to "N" and KAMES processes the action accordingly.
 - 3. If a member add is pending for an incapacity determination from MRT, answer "Y" to "Pend over 30 days".
- B. K-TAP: [Establish a separate Family MA case for the stepparent.] Include one child from the household as R62 in this case. [The child is necessary to determine technical eligibility for Family MA, but the child's income and resources are not counted and the child is not included in the MA family size.]

MS 2020* DISABILITY DETERMINATION FOR NEW SSI RECIPIENTS

Do the following when providing retroactive Medicaid for an applicant whose SSI disability is approved for one month, but whose SSI MAID is not issued until the following month.

- A. Enter "N" to receipt of SSI, on the incapacity disability screen, for the needed month.
- B. Enter "Y" to MRT approval of disability for that same month.
- C. Correct these answers for the ongoing period.
- D. KAMES approves the applicant for the necessary period and denies ongoing MA coverage due to receipt of SSI.

MS 2100

DEEMED ELIGIBLE NEWBORNS

General procedures for adding a newborn child to an IM case are as follows:

- A. When the IM recipient reports the birth of a child, access the Member General Information screen for the mother, through case change.
 - 1. Indicate that the member is no longer pregnant, by answering the question "Is she pregnant?" with an "N".
 - 2. Delete the expected delivery date;
 - 3. Enter the actual delivery date; and
 - 4. Answer "Y" if appropriate, to "Was she receiving MA when child under one year born?".
- B. Process a member add for the newborn child.
 - [1. Use member ID code MO2 or M17 for the newborn.
 - 2.] The effective date is the date the change is reported. This is not usually the date the child is born.
 - [3.] If eligible, supplemental benefits are prorated from the effective date.
 - [4.] It is not necessary to enter verified medical expenses to obtain MA coverage retroactive to the birth month.
 - [5.] Answer "N" to "Will he/she apply for SSN?" if application for ongoing benefits is not being made at the time of the member add. KAMES determines the deemed eligible newborn MA eligible even with this question answered "N".
 - [6.] If K-TAP or ongoing MA is requested for the child, the specified relative must cooperate with enumeration requirements or have good cause.
- C. [If the recipient requests a program transfer while reporting a newborn, add the newborn to the active MA case first and then enter the program transfer. This ensures that the newborn correctly receives MA coverage, even if the program transfer denies.]

MS 2105

POSTPARTUM PROCEDURES

General procedures for postpartum eligibility are as follows:

- A. If a pregnant woman fails to keep a recertification appointment prior to the end of her postpartum period:
 - 1. The case alternate programs to the I category for the pregnant woman and the deemed eligible newborn, if previously reported;
 - 2. All other members are discontinued;
 - 3. The system extends the certification period to end in the month in which the 60th day of postpartum eligibility falls, based on the expected or verified date of delivery;
 - 4. If the second recertification appointment is missed, the pregnant woman is removed; and
 - 5. Eligibility for the deemed eligible newborn continues if criteria for the deemed eligible newborn are met.
- B. Do the following when the postpartum period ends 60 days after the birth of a child. [The 60-day count starts with the day of the birth of the child.]
 - 1. The spot check "End of Post Partum-Review Case" appears on the DCSR on the first day of the month that postpartum ends.
 - 2. Review the case, and correct the postpartum question on member general information.
 - 3. If the member has been exempt from managed care due to being in the third trimester of pregnancy, delete that exempt code.
 - 4. Delete the spot check.

MS 2110 DENIAL OR DISCONTINUANCE WITH DEEMED
ELIGIBLE MEMBER

When an IM case contains a deemed eligible member, it cannot be denied or discontinued. It must remain active for the deemed eligible member only.

- A. An IM case that is denied or discontinued during the batch cycle, alternate programs down, if appropriate, and remains active for the deemed eligible member.
- B. These are the steps you see when the case is disposed manually:
 - 1. During disposition, all screens indicate that the application will deny for excess income.
 - 2. The deemed eligible determination is not made until the action denies.
 - a. Between the last disposition screen and the screen that shows "I Approved", the system checks for deemed eligibility.
 - b. If a member is approved due to deemed eligibility, a prompt appears on the last disposition screen.
 - 3. If the case pends for supervisory approval, the final eligibility determination is not made until the supervisor approves the action.
 - 4. If the case does not approve as expected:
 - a. Use inquiry to determine the problem.
 - b. Use supervisor override to return the case to pending status for correction.

MS 2150*

FS STRIKERS

Answer all striker questions "N" and document comments with the reason. Manually determine whether current income or income the day before the strike is to be considered.

- A. If current month's income is higher, enter it on the system.
- B. If income before the strike is higher:
 - 1. Enter the pre-strike income as though it is the current month's income;
 - 2. If a companion case is involved, use the "FS" code for the pre-strike income and "IM" for the true current month's income; and
 - 3. Document comments.

MS 2200

VERIFICATION OF STUDENT STATUS

For K-TAP and Family Related MA, verification of student status is not required for children under age 16. If "Y" is answered to "Is he/she attending school?" in an IM application, member add or program transfer, the Student screen must be completed and verification entered.

Verification of student status is required if the student is employed to exclude wages.

Answer "N" to "Is he/she attending school?" for children who are not required to verify student status.

MS 2202

CHILD TURNING 18 YEARS OLD

When the only eligible member of a K-TAP case is a child who will not graduate high school prior to his 19th birthday, in the month of the 18th birthday:

- A. Inquire the case to determine if the child's member general information is correct;
- B. If the information is correct, process a J-No change action; and
- C. If the member information is not correct, make the necessary changes and dispose the action.

MS 2205

[INELIGIBLE ALIEN STUDENTS]

When the alien's income and resources are entered on KAMES, the system prorates the excluded member's income to the remaining household members. Since ineligible alien status takes precedence over ineligible student status, manually apply the appropriate educational income exclusions and document in comments. [Do not enter information indicating that the ineligible alien is a student.] Enter only countable income for the ineligible alien on the income screens. See [Vol. II, MS 2900](#) for information on alien status.

MS 2210

ETP STUDENT

Use the following information to enter ETP registrants in higher education. Answer the member information question, "In school 1/2 time or more? (High Sch/Job Trng/ETP or TAA Higher Ed = Y)", as follows:

- A. If the member is in school attendance half time or more due to high school, job training, ETP or TAA higher education enter "Y". This response ensures that student processing is used. Additionally, for students placed in ETP or TAA higher education, answer "Y" to the appropriate question, "Has This Person Been Placed In Higher Education Through ETP?" or "Is he/she in school through the Trade Adjustment Assist Program (TAA)?" on the Tuition/Fees screen to ensure that the participant does not become exempt from work registration.
- B. If the member is in school attendance half time or more due to ETP placement in GED, ABE or KLC, enter "N". This response ensures that an ETP registrant placed in education does not become exempt from work registration.

MS 2215

INELIGIBLE STUDENT, ONGOING ELIGIBLE

When you receive an FS application that contains a member who meets the definition of a student, the eligible student criteria in [Vol. II, MS 2300](#) must be met. If the criteria is not met for the application month, but is met for ongoing months, do the following:

- A. Enter the application with "N" responses to questions about student eligibility criteria, and the application will deny;
- B. Complete a hardcopy application for the ongoing months, answering "Y" to the appropriate student questions;
- C. Enter the hardcopy application the first workday of the next month, backdating to the first of the month if necessary; and
- D. Document comments.

MS 2250*

HEALTH INSURANCE

Complete the "Verification Source" and "Verified Policy End Date" fields on the Health Insurance screen when a policy has been terminated.

- A. If a future date is entered in "Verified Policy End Date", the system deletes the health insurance segment at the end of the month entered.
- B. If the health insurance policy has expired, the "Verified Policy End Date" may be a prior date. If a prior date is entered, the segment is system deleted immediately.

As KAMES updates TPL information to MMIS, form PA-40 is not required.

- C. Leave these fields blank if the health insurance remains in effect.
- D. To delete incorrect TPL information from an active case, enter "Y" to "Invalidate" and press enter. The correct TPL information can then be entered.
- E. If a member has multiple health insurance policies, such as Medicare and a supplement, enter each one on a separate screen.

MS 2300

KHIPP EXEMPT CODE

If KHIPP is not appropriate for a recipient, but KenPac exempt code K displays on the KenPac screen, correct the code as follows:

- A. Access the Case Segment Change Menu and select "NN" for the member.
- B. Enter "IC" and move the cursor to "Coverage Code".
- C. Select the appropriate insurance coverage code.
- D. Enter the code which reflects the recipient's coverage benefits and press enter.
- E. When session is ended, the K code will be removed from the KenPAC segment.

MS 2310*

KENPAC DISENROLLMENT

A KenPAC exemption code cannot be entered once KenPAC enrollment has taken place. If an exempt member has been assigned to KenPAC in error, contact the Department for Medicaid Services, Sharon Davenport, at (502)564-5198, to have the member disenrolled from KenPAC.

MS 2350

MEDICAL SUPPORT ENFORCEMENT

Deprivation screens do not appear for a P case, as deprivation is not a technical eligibility requirement. It is still possible to enter an MSE referral if required. Answer "Y" to "Do you want to initiate a new AP referral?" to start the referral process.

MS 2360

OUT OF FOSTER CARE

Sometimes it is necessary to take a P application after the child has already left foster care. If it is appropriate to approve retroactive or current month MA coverage for the P child, do the following:

- A. Enter the application, indicating that the child still has a foster care placement;
- B. Approve the application with retroactive MA coverage as needed;
- C. Immediately go through case change, answering "Y" to "Is child leaving foster care?"; and
- D. The P case discontinues.

MS 2370

INCOME OR RESOURCE INELIGIBLE FOSTER CHILD

Foster care children who receive Medicaid must do so under program code P.

- A. If the foster child is ineligible under the regular MA scale, KAMES applies the increased MA scales as used for I cases.
- B. The child must meet the age requirement for the MA scale used.
- C. The MA program code remains P.
- D. Process as a spend down application, if the foster child fails to meet the increased MA scales for regular coverage.

MS 2380*

P CASE RESPONSIBILITY

P cases involve children who are in foster care or subsidized adoption. The child may be under the supervision of the Division of Protection and Permanency (DPP) or a number of other public and private agencies.

- A. If the DPP is the responsible agency, the P case is maintained by the appropriate Child Benefit Worker.
- B. If an agency or individual other than the DPP is the responsible agency, the Family Support worker maintains the case.
- C. Inquire Member Segment II, Foster Care, to identify the responsible agency for an existing case.

MS 2400

LOCK-IN

When you are notified that Lock-In is needed for a case member, enter the data as follows.

- A. Access the Case Change Menu and select Function "A", to obtain the Case Segment Change Menu. Select Segment "00" and enter the "Member Number".
 - 1. Answer "Y" to "Has DMS selected this member to participate in Lock-In?";
 - 2. Answer "N" to "Did client refuse/fail to make selection(s)?";
 - 3. Enter the physician provider number in "Md. Phy. Lic. No.";
 - 4. Enter the pharmacy provider number in "Phar. Vendor No." and press enter;
 - 5. The names and addresses of the providers upload. Press enter; and
 - 6. End session.
- B. If SURS selects the provider, enter the data on the Lock-In screen, and answer "Y" to "Did client refuse/fail to make selection(s)?"
- C. Change a provider by erasing the provider number and entering the new data.
- [D. Lock-In does not apply to Z cases. Do not reactivate Lock-In for a Medicare Qualified MA recipient.]

MS 2410

RESTARTING LOCK-IN

When you enter a reapplication which contains a member who was previously on Lock-In, the Lock-In screen uploads as inquiry only. "Has DMS selected this member to participate in Lock-In?" uploads with "P" and previous Lock-In data displays. [Do not reactivate Lock-In. DMS determines if this member needs to be on Lock-In and reactivates Lock-In if appropriate.]

MS 2505*

K-TAP WORK REGISTRATION

All adult K-TAP applicants, ages 18-59 must register for work unless exempt from K-TAP work registration criteria. Individuals who are employed less than 30 hours per week must register also.

- A. On the work registration screen, the question "Is he/she required to register for work by completing DSI form?" is required for any member age 13 or older.
 1. If "N" is answered for any member age 13 or older, enter an exempt reason code. Following are the exemptions to work registration and the KAMES codes:
 - a. "01" - Under age 18;
 - b. "02" - Age 60 or over;
 - c. "03"- Age 18 or 19 in full-time below post-secondary school attendance;
 - d. "04" - Receiving benefits based on 100% disability;
 - e. "05" - Individual received benefits based on 100% disability within the past 12 months but lost benefits due to income or resources and not an improvement in the disability; and
 - f. "06" - Employed 30 hours or more weekly at minimum wage or higher.
 2. Answer "Y" to the question "Is he/she required to register for work by completing DSI form?" for each adult required to register for work.
- B. If the applicant refuses to sign page 2 of form PA-219 for any adult required to register for work, leave the field "If yes, what is the date of registration" blank. The K-TAP application approves and all members remain active if all other technical and financial eligibility factors are met. The K-TAP application does not pend for the work registration date if all other required verification is entered.
 1. Manually track or set a spot check, begin the conciliation process, and attempt to gain cooperation from the individual following approval of the K-TAP case.
 2. If the individual continues to refuse to sign form PA-219, enter the sanction for noncooperation with KWP for the appropriate individual on the STEP Sanction screen.
 - a. The pro rata sanction passes to KAMES in batch 2 working days later, and applies the 416 disqualification to the K-TAP case.
 - b. The pro rata reduction is effective the next feasible month.

MS 2510

QUALIFYING PARENT

Eligibility for a W or N case requires that the qualifying parent be available for full-time work.

- A. If you answer "N" to "Is parent available for and willing to accept full-time employment?" on the Deprivation Unemployed screen, KAMES denies the W or N application, recertification, or program transfer.
- B. If the N qualifying parent fails to comply with DES after completing form PA-511, do the following:
 - 1. Answer "Y" to "Is he/she required to register for work by completing DSI form ?"
 - 2. Leave "If yes, what is date of registration?" blank.
 - 3. KAMES sends a notice of adverse action and if blank after 10 days, discontinues Medicaid for that member.

MS 2750

DENIAL OF Z APPLICATION

See: OM Pol. Upd. 03-01, [MS 99602](#), 1/1/03.

[When a Z application denies for excess income, explore QI1 and QI2 eligibility. If income ineligible for them as well and there are medical expenses, enter a spend down application in the J, K or M category.]

MS 3010

DELETING LIFE INSURANCE

Delete life or burial insurance as follows:

- A. Leave "Is he/she covered by life/burial insurance policies / prepaid burial funds?" on the trigger screen answered "Y";
- B. Erase the entry in "Name of Bank/Ins/Funeral Home" and press enter.

"Insurance Deleted" will display and the trigger question will change to "N" if there are no other life or burial segments.

MS 3040

LUMP SUM

Lump sum is considered as income for IM and a resource for FS.

- A. The lump sum question on the Member Gen Info screen applies ONLY to IM cases.
 - B. If an FS member has lump sum, answer "Y" to resources and enter the amount as "food stamp lump sum."
 - C. There is no processing attached to the IM member Lump Sum screen. It is for informational purposes only.
1. When a recipient gets a lump sum from RSDI do the following:
 - a. Enter that amount on the lump sum screen;
 - b. Manually post a spot check for the end of the 6-month exclusion period; and
 - c. At the end of the 6 months, list the verified remainder on the appropriate resource screen.
 2. Enter lump sum disqualifications manually on the disqualification screen.

MS 3045

ANTICIPATED LUMP SUM

Enter data on the Lump Sum screen when the IM household reports the anticipated receipt of lump sum income during the certification period. If no verification is provided, enter the "Verified Rec'd/Expt Date". The change will pend for 10 days. An RFI will be produced requesting the verification.

MS 3050

FS PREPAID BURIAL PLAN

Enter the total value of an accessible prepaid burial plan owned by a FS recipient. KAMES excludes \$1500 from the value and counts any remainder as a resource in the FS case.

MS 3060*

INDIVIDUAL DEVELOPMENT ACCOUNT

Individual Development Accounts (IDA) are an excluded resource for K-TAP eligibility. They are also excluded in FS as long as K-TAP is being received.

- A. Use the following procedures to enter the amount of the IDA savings account up to the \$5,000 limit. Enter this information on the appropriate member's resource screen on KAMES.

1. Code the resource "99" (other) in "Type" under Other;
2. Enter the amount of the IDA account in "Amount".
Example: \$2,000.00 is entered "200000" in "Amount";
3. Answer "N" in "Accessible to You";
4. Enter "12319999" in "If Not When";
5. Enter "Y" as "Required"; and
6. Enter the verified amount and verification source code in the verification fields.

- B. In order to count any amount in an IDA savings account exceeding the \$5,000 limit per family as a resource, use the following procedures on the appropriate member's resource screen on KAMES.

1. Add a second resource coded "99" in the Type field under the Other field;
2. Enter the amount of the IDA savings account that exceeds the \$5,000 limit in the Amount field.

Example: The K-TAP household has \$5,025 in their IDA savings account. \$5,000 is entered on the resource screen using the procedures in item A and \$25 ($\$5,025 - \$5,000 = \25) is entered "2500" in "Amount", using the procedures in this item;

3. Answer "Y" in "Accessible to You";
4. Enter "Y" under both the FS and IM columns in "Required"; and
5. Enter the verified amount and verification source code in the verification fields.

MS 3100*

CALCULATION CODES

Enter the appropriate "Calculation Code" needed to correctly budget income, based on the following definitions.

C1 - Average and convert income for this month only.

C2 - Average and convert income for this month and the previous month.

C3 - Average and convert income for this month and the 2 previous months.

P1 - Average and convert income for the previous month only.

P2 - Average and convert income for the 2 previous months.

P3 - Average and convert income for the 3 previous months.

CA - Actual income for this month.

CU - Actual income this month. Income for this month is unstable, or was not received in this month, and it is not used in averaging income for a future month's benefit.

MS 3120*

PENDING FOR ZERO INCOME

[See OM Upd. No. 05-12, MS 99696, 3/1/05](#)

Do the following to pend a case for verification of zero income at application, reapplication, program transfer or recertification:

- A. Answer "Y" to "Does he/she receive any unearned income?" on the trigger screen;
- B. Enter "X" for "Other" unearned income;
- C. Enter "1" in "Amount" on the other unearned income screen;
- D. Leave "Ver. Amts:" blank; and
- E. Type "Verification of Earnings" in "Other" at the bottom of the RFI screen.

MS 3130*

CORRECTING INCOME

- A. When you are entering an application or updating a pending application, and discover an incorrect entry for "Amount" on the Earned Income screen, correct it as follows:
 - 1. If the amount is wrong, but the income still exists, do not use the delete function. Use the erase EOF key and enter the correct amount.
 - 2. If the income amount is greater than zero and no longer exists, enter "Y" in "Delete" and press enter.
 - 3. If the income no longer exists and zero displays in "Amount":
 - a. EOF the zero entry;
 - b. Enter one cent in "Amount" and press enter;
 - c. Return to the income screen using "Next Action" commands; and
 - d. Enter "Y" in "Delete" and press enter.

Do not use at recertification.

- B. Self-employment or farm income must be end-dated to remove the segment. Enter the correct information on blank screens.
- C. To correct an amount on the unearned income screens, enter the new amount or erase the zero and enter one cent.

MS 3210

STATE SUPPLEMENTATION INCOME

[When an FS case includes an SSP member and the payment is excluded income, enter "SP" as the excluded income code on the How Many Jobs screen, and document in Comments.] If the payment exceeds the cost of care, the EXCESS amount is countable income and entered as "Other" unearned income.

MS 3230

[K-TAP GRANT FOR FS CASE

The screen, K-TAP Grant for FS case, is a part of IM Disposition of an K-TAP case. It follows the grant calculation screen and displays when the "K-TAP W/O Dep Care" amount is greater than zero for at least one month in the calculation. It displays at each K-TAP approval, recertification and case change, including J-No Change and related case change. The questions on the screen must be completed during K-TAP disposition, even if there is no related FS case.

- A. Although the K-TAP grant for FS Case screen is completed at K-TAP disposition, it does not affect the K-TAP case. KAMES uses information on the screen to determine how much K-TAP income to count in the related FS case. Answer the questions on the screen as follows.]
 1. [Answer "Y" to "Does this case have a payee?" for all payee cases, including when the specified relative (SR) is not included in the K-TAP case; e.g., SSI parent, etc. Review the disposition screen that lists the members and their IM status to ensure correct eligibility determination, prior to receiving the payee question. If the SR is not approved the message "Payee must be yes" displays, forcing a "Y" response before you return to the case to correct an error. If the SR is included in the K-TAP case, although the check may be issued to someone else, answer "N" to the payee question.]
 2. Answer "Y" to "If all the grant members are not included in the same FS case, do you wish to divide the K-TAP grant for FS purposes?" ONLY when all K-TAP grant members are not members of one FS case AND the entire K-TAP grant is not retained by one person. For example, a student is away at school and part of the K-TAP grant is given to him each month. Answer "N" to the question when all of the K-TAP grant is countable in one FS case.]
- B. When you have answered "Y" to either or both of the questions, you must then proceed to enter the amount of K-TAP that is counted to each K-TAP individual in the related FS case.] The amount you enter on the screen is the amount KAMES counts in the FS case.
- C. [When you answer "N" to both questions, KAMES automatically attributes the entire "K-TAP W/O Dep Care" amount toward the K-TAP SR in the FS case.
- D. If the entries that were made at K-TAP disposition are not correct, they may be changed as follows:]
 1. If you are disposing an FS application or recertification when the error is discovered, type "Names" and return through the FS case. [When the K-TAP calculation occurs, correct the entries on the K-TAP Grant for FS Case screen, and complete disposition of both the K-TAP and FS cases.]
 2. If you are disposing an FS case change and discover the error, complete that disposition, then process a J-No change action in the FS case. [The K-TAP case calculates first, allowing you to correct the K-TAP Grant for FS Case screen and complete disposition of both cases.]

- E. Edits are in place to ensure that your entries do not exceed the total grant amount for each column. If your entries do not equal the total amount, a prompt displays. If the entries are correct, press enter again and they are accepted. Enter whole dollars with zero cents. Round as necessary, to enter whole dollar amounts and ensure that the totals match.
- F. [A spot check, "Review K-TAP Amt in FS Case", is posted for related FS cases in the following situation:
 - 1. The K-TAP case is calculated in batch; AND
 - 2. The K-TAP grant without dependent care is changed; AND
 - 3. One of the questions on the K-TAP Grant for FS Case screen was answered "Y".]
- G. When the spot check displays on your DCSR, do the following:
 - 1. Process a J-No change action in the FS case;
 - 2. [KAMES goes through related case change for the K-TAP case first and displays the K-TAP Grant for FS Case screen;]
 - 3. Complete the screen; and
 - 4. [KAMES disposes the FS case, considering the correct amount of K-TAP.]

The spot check remains on your DCSR until it is deleted by you or your supervisor.

- H. [Anytime the K-TAP grant changes for a case in which the screen is appropriate, new entries are required. If you do not assign new K-TAP amounts to the members in question, KAMES continues to count the old K-TAP amounts in the FS case. Your entries on the K-TAP Grant for FS Case screen determine the amount of income that is counted in the related FS case.]

MS 3250

INTEREST INCOME FOR VENDOR PAYMENTS

When you enter a case in vendor payment status, enter the monthly amount of interest income to be counted in the vendor payment calculation as "Other" unearned income. Document comments with the amount of interest income used for MA eligibility.

MS 3270

PASS INCOME

If you are entering a MA application and Plan for Achieving Self Support (PASS) income is discovered, deny the application and enter on the PA-62 system.

If an active MA recipient reports PASS, discontinue the case and enter on the PA-62 system.

MS 3280

CHANGING UNEARNED INCOME AT CASE CHANGE

Use the following procedures to enter a new source of unearned income or to change an existing source or amount.

- A. Select Function "C" from the Main Menu;
- B. Select "A" from the Case Change Menu and enter "Y" in the month the change occurred;
- C. Select "BB" from the Case Segment Change Menu and enter "y" in the month the change occurred;
- D. On the Unearned Income screen:
 - 1. Enter "Reason Code";
 - 2. Enter "Type";
 - 3. Complete all fields required for the income type; and
 - 4. Enter "Ver Src" if verification is provided. Leave this field blank if verification is needed.
- E. If the change pends and verification is later provided enter the "Source Code".

MS 3285

REMOVING UNEARNED INCOME AT CASE CHANGE

Use the following steps to delete unearned income:

- A. Erase the "Verified Amount" and enter zero;
- B. Enter "CA" or "CU" in "FS Calc" and "IM Calc";
- C. Enter "1" in "How many periods ...";
- D. Leave the frequency field unchanged;
- E. Leave "Verification Source" blank to produce RFI for loss of income if necessary; and
- F. When verification is provided, enter verification source code.

MS 3290

TRANSITIONAL HOUSING ASSISTANCE

Enter housing assistance payments for transitional housing for FS homeless households as "Other Unearned Income".

MS 3300*

WAGES FOR A SPECIFIC PROGRAM

There are times when you will process companion cases with wages that must be counted in one case and not counted in the other case. For example, the member has earnings from AmeriCorps or Green Thumb, that are countable for IM and excluded for FS. Use the following procedures to enter the verified earnings and ensure correct processing for each case.

- A. Enter the paychecks that are representative for all programs as regular earned income on the verification screen. Enter the income that is specific to only one program as a monthly amount in the fields "Enter total amount of wages that are only to be counted for a specific program: FS_____ IM_____."

 - 1. The FS and IM fields, located on the earned income screen, indicate income which is considered in one program but not considered in the other program. These fields are uploaded with zeros and do not require worker entry, unless there is income that is applicable to one program but not the other program.
 - 2. Use "Total Number of Pay Periods: FS_____ IM_____" to indicate the number of periods the total amount of income entered represents for each program.

- B. Enter the number of hours worked and the date a check is received. The number of hours worked and the date a check is received must always be entered, even if the regular wage entry is zero, when an amount is entered in the FS or IM field.
- C. KAMES will add the amounts in "Enter total amount of wages that are only to be counted for a specific program: FS__ IM__," to the total of the regular checks entered for the appropriate program, and divide by the "Total Number of Pay Periods: FS_____ IM_____".

MS 3310*

NUMBER OF JOBS WORKED

Enter "How many jobs..." each member now has, or has had, during the time period indicated.

Earned income screens display for each job indicated, and must be completed even if the job has terminated.

MS 3360*

PENDING WAGES FOR VERIFICATION

Use the following procedures to pend an earned income segment:

- A. At application or recertification, leave "What type of verification has been provided?" blank. The verification screen will not display.
- B. At case change, leave "Verification Source" blank. If wages have terminated, see [MS 3365](#).

MS 3365

REMOVING WAGES

DO NOT USE THE "DELETE" FUNCTION!!! When the household reports loss of wages, do the following:

- A. Select Function "C" on the Main Menu;
- B. Select Function "A" on the Case Change Menu;
- C. Select Segment "EE" on the Case Segment Change Menu and enter "Y" for the appropriate month;
- D. On the Earned Income screen:
 - 1. Enter "Reason Code";
 - 2. Enter zero in "Wages";
 - 3. Erase "Hours" and "Date Received";
 - 4. Enter the verification source code; and
- E. End session.

MS 3370*

CONTRACT WAGES

KAMES will annualize and prorate contract income in accordance with each program's policy. To process contract wages do the following:

- A. Access the employed member's earned income segment;
- B. If verification of the contract income is provided, enter "C" for the type of verification entered; and
- C. On the Wage/Hours Verification screen, enter the total amount of the contract income in the Contract Wage field. Enter the length of the contract in the "From" and "To" fields.
- D. The system will annualize the contract wages for food stamp cases and prorate the total amount of the contract wages, based on the number of months entered in the date fields, for IM cases.

EXAMPLE: If the total amount of a signed contract income is \$6,000.00 for a period of 1/1/96 through 9/30/96, the system will process the case as follows:

For food stamp cases, the monthly amount will equal \$500.00/month (\$6,000 divided by 12). For IM and Adult Medicaid cases, the monthly income will equal \$667.00/month (\$6,000 divided by 9).

MS 3380

GAINING AND LOSING EMPLOYMENT

Do the following when a recipient reports new employment and terminated employment at the same time.

- A. If the verification of both is present, update the old job with verified zero income, enter the new job with verified income, and end session.
- B. If the new job is verified, but the old, terminated one is not, update the old job with zero income, enter the new job with verified income, and end session. The new job will process, while the old job pends for verification.
- C. If the old, terminated job is verified, but the new job is not, update the old job with zero income and leave the verification source blank. Enter the new job and leave the verification source blank.
 - 1. Both income segments pend for verification.
 - 2. Wait until the new job verification is provided, then update both wage segments.
 - 3. If the new job verification is not received by the 10th day, KAMES processes the case in batch and starts counting the new job in the FS case. On the next day, update the old job with zero income and verification source.

MS 3390*

WORK STUDY INCOME

Do not enter excluded work study income on the wage screens in Food Stamp cases. Use excluded income code 'WS' to indicate receipt of excluded work study. Use "Is he/she placed in higher education through JTPA or participating in an educational assistance program?" to show that the student is receiving work study. Do not enter excluded work-study income on the wage screens of the food stamp case. Use excluded income code "WS" to indicate receipt of excluded work-study.

MS 3395

EARNED INCOME DISREGARD

A one-time exclusion of wages from new employment is offered as an incentive for K-TAP recipients who gain employment. Use the "K-TAP Exclude Begin" and "End" fields to show the months the earned income is excluded. Enter the wages, self-employment, or farm income and KAMES excludes the income from the IM case for the indicated months. The income is correctly counted in the FS case.

MS 3430

FS BOARDERS

[When an applicant, who has one or more boarders, is also a student, enter the boarder income on the boarder screen. KAMES determines eligible student status from "Is he/she working 20 or more hours per week and if self-employment is he/she making 20 hours x minimum wage each week?".]

MS 3440

SELF-EMPLOYMENT SCREEN

Use the date fields on the Self-Employment and Farm Income screens as follows:

- A. Enter the period when the income was received or earned in the date fields on the first screen. KAMES divides the income by the number of months shown.
- B. Enter the period when income is used in benefit calculation, in the date fields on the second screen.
- C. Enter "12319999" as the "To" date on the second screen for ongoing income.
- D. Change the "To" date on the second screen from 12319999 to the actual end date when the income is terminated, or must be closed out, so a new segment can be entered.

MS 3450

FARMING

The following procedures are necessary for the system to process farm income cases correctly.

- A. Leave "Verification Source" blank unless income and expenses are verified.
- B. Enter ASCS payments as "Agriculture Payments".
- C. Do not complete the Farm Income screen when an individual is not actively engaged in farming. Enter his income from rental or lease of farm property on the Self-Employment/Rental screen as unearned income.

MS 3500

\$30 AND 1/3 DEDUCTION

Do the following to ensure the \$30 and 1/3 deductions are correct in an K-TAP case:

- A. Manually track the deductions on form PAFS-116, Sup. A;
- B. Use Function "G" on the Main Menu to post a spot check for the fourth month of the \$30 and 1/3 deduction;
- C. Post a spot check for the eighth month of the \$30 deduction;
- D. Review the Calculation screen in Disposition at any K-TAP case action to ensure the necessary deductions are given for the effective month;
- E. Complete a J-No Change action in the fourth and eighth months to ensure the deductions are removed timely; and
- F. If an incorrect deduction is allowed, correct the number of months through Case Change.

MS 3510 CALCULATING CHILD CARE FOR JOINT APPLICATIONS

Use the following procedure when entering a joint FS and K-TAP application:

- A. Enter the verified amount of dependent care in both "FS" and "IM" fields on the child's first Member General Information screen.
- B. Dispose the K-TAP case first.
- C. Calculate the dependent care expense to enter in the FS case as follows:
 1. Review the K-TAP Grant Calculation screen;
 2. Locate the "Grant w/ Dep. Care" and the "Grant without Dep. Care" amounts;
 3. Determine the difference;
 4. Subtract the difference from the verified amount of dependent care to determine the FS allowable child care expense.
- D. On the FS disposition screen that contains the IEVS code, type "Names" in the "Next Action" field.
- E. Select the child with the dependent care expense from the Household Member screen and press enter.
- F. Enter the allowable child care expense in the "FS" field on the child's first General Information screen.

MS 3520

FS SHELTER/UTILITY EXPENSES

[It is no longer required to enter utility expenses for all FS households. Enter utility expenses on KAMES, only for households not entitled to the SUA or BUA.]

A. Apply the following procedures to the FS utility expense screen, ONLY for households who are not entitled to the SUA or BUA.]

1. Enter recipient stated expenses as indicated on the screen.
2. Check the from and through dates for accuracy.
3. Leave the verified amount and verification source code fields blank if you do not have verification.
4. Complete "Period of Use" as a calendar month. Always enter "From" as the first day of the month and "Thru" as the last day of the month. KAMES uses only the months you enter in "From" and "Thru" to average the expense and deduct monthly.

EXAMPLE: From 06011995 thru 07011995 is one month; enter as
From 06011995 thru 06301995
From 06151995 thru 08151995 is two months; enter as
From 06011995 thru 07311995

B. [For households that are entitled to use the SUA or BUA, do the following:

1. If the recipient is billed for a heating/cooling cost, answer "Y" to "entitled" to the SUA.
2. If the recipient is billed for at least two non-heating/non-cooling expenses, answer "Y" to "entitled" to the BUA.
3. If "Y" is answered to the "entitled" to question for SUA or BUA, the system will not allow you to enter any actual expenses or to answer "Y" to telephone.
4. If SUA or BUA eligibility is verified, enter the verification source.]

MS 3525

HOMELESS ALLOWANCE

The following procedures apply to the FS homeless allowance deduction.

- A. To allow the homeless allowance, the household must already be determined homeless. If not, "Do you wish to use the homeless allowance?" on the Shelter screen will be uploaded with "N" and protected.
- B. If you select the homeless allowance, the actual shelter expenses entered cannot be greater than zero.
 1. If there are shelter expenses already entered, and "Y" is entered to "Do you wish to use the homeless allowance?", the error message "Do not enter actual expenses when using homeless allowance" displays.
 2. If these actual expenses were entered on the first shelter screen:
 - a. Change the homeless allowance question to "N";
 - b. Return to the first shelter screen and remove the expenses; and
 - c. Change the homeless allowance question back to "Y".

MS 3540

ONE-TIME MEDICAL EXPENSE

The following information applies to one-time medical expense processing.

- A. KAMES does not automatically remove a one-time medical expense from an FS case, even though you answer "Y" to "One-time only" and enter "D" to deduct one month only.
 - 1. KAMES uploads the last day of the effective month as the "Installment End Date" and posts a spot check that reads "Expiring Medical Expense", with a timely date 10 days from the date you entered the expense.
 - 2. Process a J-No change action to recalculate the case and remove the medical expense.
- B. The only time KAMES considers a one-time medical expense for one month is when you enter an FS application with the expense in the application month only, not ongoing. In this situation, KAMES considers the expense for the application month, but not ongoing.
- C. FS medical deductions must be applied in the manner most advantageous to the recipient. Keep this in mind, particularly when entering one-time medical expenses.
- D. Enter all medical expenses used for a spend down MA determination as one-time only. If the expense is recurring, enter it separately for each month.

MS 3555

COMMUNITY SPOUSE INCOME ALLOWANCE

Completion of forms PA-1A, Supplement C, Institutionalized Spouse Resource and Income Statement, and PA-22, Resource Assessment, are required as verification that the community spouse income allowance is to be given and must be entered on the Community Spouse Resource/Income screen.

MS 3560

PASS THROUGH

The method KAMES uses to calculate the pass through is determined by the field "If yes, enter the gross amount of RSDI benefits at time SSI/SSP was lost?"

- A. When the RSDI amount is entered as indicated and verified, it is subtracted from the current RSDI to obtain the pass through amount. When the uploaded zero is left in place, the current RSDI amount is used as the pass through amount.
- B. Specific instructions for each type of pass through are as follows:
 1. If the answer is "Y" to "Did he/she receive SSI/SSP concurrently with RSDI and lost SSI/SSP for any reason including an RSDI cost of living increase (COLA)?", enter the gross RSDI amount received when the SSI or SSP was discontinued.
 2. If the answer is "Y" to "Did he/she receive SSI/SSP concurrently with RSDI and lost SSI/SSP due to change in actuarial reduction formula (ARF)?", enter the gross RSDI amount received when the SSI or SSP was discontinued.
 3. If the answer is "Y" to "Did he/she lose SSI due to entitlement/increase in disabled adult child benefits (DAC)?" and
 - a. Is due to entitlement to DAC, leave the zero uploaded; or
 - b. Is due to an increase in DAC, enter the gross RSDI amount received when the SSI or SSP was discontinued.
 4. If the answer is "Y" to "Did he/she lose SSI/SSP due to the receipt of early widow's or widower's RSDI and between the ages of 60 and 64?", leave the zero uploaded.
 5. If the answer is "Y" to "Did he/she lose SSI/SSP due to the receipt of disabled widow's and widower's or disabled surviving divorced spouse's RSDI?", leave the zero uploaded.

MS 3600

REVIEWS

[Twelve-month reviews of state supplementation cases are system-posted on the Cases Requiring Recert screen of your DCSR the month prior to its due date.] Do NOT schedule the review as a recertification on the appointment calendar. KAMES appropriately discontinues the case if no recertification is entered, when one has been scheduled.

MS 3650

MEDICAL EXPENSES FOR SPEND DOWN CASES

When taking a spend down application to cover the current quarter circumstances and expenses, choose the case number already on the system from the Case SSN/Name Match screen. The case is uploaded with all medical expenses that were used in the retroactive month spend down quarters.

- A. Delete all uploaded medical expenses.
- B. Enter medical expense data for the current quarter.
- [C. Do not enter expenses as "N" for "One-Time only?"]

MS 3660

APPLICATION FOR THE CURRENT
AND PREVIOUS QUARTER

[Information for prior and current quarters may be entered on one application and KAMES processes both quarters correctly.

- A. Enter an application listing expenses and data for the prior three months and the current quarter. When all data is verified, the system approves both quarters and discontinues the case.
- B. If all necessary spend down medical expenses are verified for the prior quarter, but spend down is not met in the current quarter, KAMES disposes the retroactive MA and leaves the current quarter pending.
- C. KAMES generates an RFI to request verification of more medical expenses when a case is pended for current quarter spend down.]

MS 3680

ENTERING UNPAID BALANCE

See: Om Pol Upd 03-20, [Ms 99627](#), 5/1/03.

If the unpaid balance of any verified recognized medical expense incurred prior to the established quarter qualifies as a deduction, do the following:

- A. Enter the expense as incurred on the first day of the first month of the established spend down period.
- B. Enter only the portion of the expense needed to obligate the spend down excess.
- C. Enter an expense for each retroactive month in which it was incurred, in order to generate a MAID card for that month.

MS 3700

SEPARATE APPLICATION

[If only part of a household is eligible for ongoing MA, process a separate current quarter spend down case for household members who are not ongoing MA eligible. At application, KAMES can approve retroactive spend down MA for members who are not eligible for ongoing MA.]

MS 3750*

RESOURCES AND A COMMUNITY SPOUSE

Enter the appropriate verification code on the Community Spouse Resource/Income Screen to show that forms PA-1A, Supplement C, Institutionalized Spouse Resource and Income Statement, and PA-22, Resource Assessment, have been completed and eligibility for the community spouse income allowance met. If verification is not entered, the community spouse allowance is not allowed in the patient liability calculation.

MS 3760

EXCESS RESOURCES OF A COMMUNITY SPOUSE

KAMES does not allow resources to exceed the current community spouse resource allowance maximum. If there is a court order or hearing decision granting the community spouse resources in excess of the allowance maximum, do the following:

- A. Enter resources as equal to the total community spouse resource allowance.
- B. Enter the actual total of all resources in Comments.
- C. Check this amount each time a change in resources or resource limits occurs.

MS 3770

AUTHORIZING PATIENT ADMISSION/DISCHARGE

KAMES can process both an LTC admission and discharge in the same action before ending session.

Form MAP-552 is generated for each case action.

MS 3780

CORRECTING LTC INFORMATION

See: OM Pol. Upd. 03-20, [MS 99627](#). 5/1/03.

Some LTC information can be corrected using the LTC/Waiver screen.

- A. If there is a mistake on the LTC/Waiver screen other than a wrong provider number, and the error is found before disposition, access the screen and correct the entry.
- B. To correct a provider number when the error is found before disposition:
 - 1. Enter "Y" to the correction question at the top of the LTC/Waiver screen;
 - 2. Press enter; and
 - 3. Answer "Y" to add/provider change to bring up another LTC screen where the information is entered correctly.
- C. [If the error is found after the LTC segment has been disposed and:
 - 1. Involves future liability and requires ongoing correction:
 - a. Access case change segment LL;
 - b. Enter a discharge date equal to the admission date;
 - c. If the information needs to be reentered, answer "Y" to the add/provider change question; and
 - d. Reenter the information correctly on the new LTC/Waiver screen.
 - 2. Involves past or current liability, use segment KK to process the correction. See [MS 3790](#).]

MS 3785

INCREASED PERSONAL NEEDS ALLOWANCE

When patient liability must reflect an increased personal needs allowance due to receipt of VA, do the following:

- A. Enter the reduced VA pension on the unearned income screen; and
- B. Enter "R" for the pension code.

MS 3790

CORRECTING PATIENT LIABILITY

Option "KK" on the Case Segment Change Menu, corrects patient liability for current or prior months. Option "KK" can be used for active and inactive cases.

A. Do the following to correct patient liability:

1. Access "KK" from the Case Segment Change Menu;
2. Enter the provider number;
3. [Enter the manually calculated liability as a dollar amount;]
4. If the patient liability is zero, enter only one zero in the liability field.
5. Enter the "From/Thru" dates for the period to be corrected. The "Thru" date cannot be later than the last day of the current month;
6. Enter the admission date;
7. Enter other appropriate data depending on the particular case situation; and
8. Document comments.

B. If the change must be corrected in a future month due to adverse action, KAMES does not process the change but displays the spot check "Do KK For This Months Liability" on the first workday of the future month.

MS 3800

LTC DISCONTINUANCE

Use the following steps to discontinue an LTC case.

A. [At recipient request on discharge from LTC:]

1. Select "LL" from the Case Segment Change Menu.
2. Answer "Y" to "Has client been discharged" and enter the date of discontinuance in the discharge date field. The date cannot be a future date.
3. Select "D" from the Case Change Menu and enter "Reason for Discontinuance: ".

As a reminder, a prompt will display "LTC Indicated, Access LTC Segment". If you have entered the date of discontinuance in Segment LL, no further action is required.

B. [If the recipient dies in the facility:]

1. Select "LL" from the Case Segment Change Menu.
2. Answer "Y" to "Has client been discharged?".
3. Enter the date of death in "If yes, date of discharge".
4. Enter "Y" to "Was discharge due to death?".

The case will discontinue.

MS 3810

ENTERING COST OF CARE

[See OM Upd. No. 05-06, MS 99690, 2/1/05.](#)

Whenever a cost of care is to be entered, first erase the uploaded zero, then proceed as follows according to facility type:

- A. For NF, ICF/MR, Mental Health/Psychiatric Facility, PRTF, or IMD, enter the verified monthly private pay rate.
- B. For Hospice NF (institutionalized), first add the related Hospice non-institutionalized rate plus the NF private pay rate to get the cost of care.
- C. For AIS/MR, the cost of care is the AID/MR standard which is located on Eligibility Table D - IM Table. [KAMES uploads the amount from that table.]
- D. For HCBS, Waiver 1 and Model Waiver II, the cost of care is listed on the DMS Letter of Approval.
- D. For Hospice Non-institutionalized and Adult Day Care, no entry is needed for cost of care. Leave the uploaded zero in this field.

MS 3830

MULTIPLE PROVIDERS

Use the following procedures when entering multiple providers due to a move between facilities, for the LTC applicant.

- A. Enter the facility the recipient was admitted to first;
- B. Process the application without doing discharge; and
- C. Do a case change to discharge from the first facility and admit to the new facility.

MS 3840

COMMUNITY SPOUSE ALLOWANCE CHANGE

Use case change Function F to make community spouse changes. This allows you to access the Community Spouse Resources/Income Disposition and Community Spouse Income Allocation screens.

MS 3850*

END-DATED PROVIDERS

HCBS providers are certified for a specific period of time and must be recertified.

- A. If the recertification process is not completed by the end of the current period, the provider number becomes invalid.
- B. The prompt "Provider number not current, contact Help Desk" appears on the LTC screen during recertification or case change when this occurs.
- C. Contact the Help Desk immediately.
- D. The Help Desk contacts DMS regarding the provider.
- E. DMS updates the provider number, if appropriate, and the Help Desk notifies the worker that the provider is now current.
- F. Dispose the pending recert or complete the case change.

MS 4000

CASE NAME

Enter the case name as follows:

- A. First name, middle initial and last name.
- B. If there is no middle initial, enter a pound sign "#".
- C. When the applicant is a Jr, II, III, etc.:
 - 1. Enter the last name;
 - 2. Press the space bar once and type Jr, II, III, etc.
 - 3. If any other method is used, an error message displays.

MS 4010

COMPANION CASE NAMES

The case name is entered according to the individual program policy. If, according to policy, the K-TAP case is to be in one name and the FS case is to be in another member's name, the cases are entered as separate cases with each appropriate case name. When the name matches occur and the questions are answered correctly to indicate the individual is the same person, the information entered on the individual in the first case is uploaded into the second case.

MS 4015*

MA CHILD CASE NAME

Enter Family Related MA applications in the name of the SR, payee, or interested party.

A. The following exceptions are entered in the child's name.

1. P cases.
2. Children in Juvenile Justice custody.
 - a. Enter the child as the applicant;
 - b. Answer "yes" to the IM representative question;
 - c. Enter the Juvenile Justice Worker as the IM representative who is responsible for the application;
 - d. Refer to [MS 4270](#) for deprivation procedures; and
 - e. Enter exempt code "H" on the KenPAC screen.

B. If there is no adult to file the application, a payee is assigned.

MS 4020

CASE NUMBER

All case numbers on KAMES are 10 digits, consisting of the SSN and for IM cases, an alpha identifier. The 10th digit in an FS case is a space. KAMES assigns a unique identifier for companion cases with the same case name. The alpha identifier is system assigned for any case other than FS, if there is a companion case.

MS 4030

CASE NUMBER AT REAPPLICATION

[It is very important to assign the correct case number for K-TAP, Food Stamps and MA cases when entering a reapplication.] The case number assigned impacts all the systems that interface with KAMES (JAS, KASES, etc.).

- A. [When entering a reapplication for a K-TAP or MA case that has previously been entered on KAMES, you do NOT enter the alpha identifier.] An FS case number does not contain an alpha identifier. If a case has been entered using the same SSN, a Case SSN/Name Match screen appears. Each matched case will have a separate screen. The questions on the Case SSN/Name Match screen must be answered correctly. You must give special attention to the case number, program code, and case identifying information that appears. Assigning a different alpha identifier creates multiple problems. If the system does not allow selection of the appropriate case, contact the Help Desk. To resolve case SSN/Name matches, do the following:
 1. Enter "Y" to "Is the member in your case and the member in matched case the same person?" if the individual listed on the screen is the same person that is applying. An "N" response returns you to the Household Members screen. Resolution of member matches will take place at the time of occurrence, one member at a time.
 2. [If an FS case has been previously entered on the system or there is a K-TAP or MA application pending for that individual, the "Select" field is protected and uploaded with "N" for these cases on the Case SSN/Name Match screen.]
 3. Enter "N" to "Do you wish to start a new case...?" to select the previous case.
- B. If the above instructions are followed, the previous member data already in the system uploads and the previous case number is assigned. If a previous case is not selected, an edit forces you to answer "Y" to "Do you wish to start a new IM Case or Enter a Conversion Recertification?". The new case record is separate from the previous record and the case history is incomplete without reviewing both case records. This has an impact on all future actions as the system does not interface the two separate cases and looks at the records as different cases.
- C. Extreme caution is to be used when completing the Case SSN/Name Match screens at reapplication. Questions must be answered correctly unless otherwise directed by the Help Desk. If you have questions on how to assign a previous case number, contact the Help Desk before completing the Case SSN/Name Match screen.
- D. When a reapplication is entered correctly, all members from the original case will be uploaded on the Household Members screen. If previous

case members are not listed on the Household Members screen, you have created a duplicate case. The case number will display an alpha identifier of B,C, etc. Contact the Help Desk for deletion of the duplicate case.

MS 4060

PROGRAM TRANSFER

Program transfer is used to take any MA category to a higher level of assistance or to take a C case to a W case, or a W case to a C case. The system uses alternate programming to decrease levels of assistance. See [MS 4230](#) for information on alternate programming.

- A. DO NOT use program transfer to take a C case based on incapacity to a W case. Policy requires the C case based on incapacity to be discontinued and an application for a W case to be entered, per [Volume III, MS 3670](#).
- B. A program transfer can be processed in a recertification month, either before the recertification is entered or after the recertification is processed. A program transfer and recertification cannot be entered on the same day.
- C. The following program code changes are done through program transfer:
 - 1. C to W;
 - 2. W to C;
 - 3. L to C, W, or N;
 - 4. N to C, W, or L;
 - 5. Y to C, W, L, or N;
 - 6. I to C, W, L, N, or Y;
 - 7. U to C or W;
 - 8. F to G, H, or FP;
 - 9. G to F, H, FP, or GP;
 - 10. H to F, G, FP, or HP;
 - 11. J to FP;
 - 12. K to FP or GP;
 - 13. M to FP or MP; and
 - 14. Z to any other IM program code.

MS 4062

PROGRAM TRANSFER BEFORE CUT-OFF

See: OM. Upd. 04-09, [MS 99661](#), 2/1/04".

For any program transfer, C to W or W to C, entered before cut-off:

- A. Enter the program transfer on KAMES.
- B. If the system inappropriately denies the transfer for the application month but approves it for the anticipated change month:
 - 1. [Manually calculate any supplemental grant for the application month and issue it through the supplemental function; and]
 - 2. Determine if any new MAID's are needed and issue through special circumstance.
- C. If a C to W or W to C program transfer pends past cut-off and the system inappropriately denies the transfer for both the application month and the anticipated change month:
 - 1. Re-enter the program transfer the first of the next month. Use the first day of that month as the application date;
 - 2. [Manually calculate and issue any supplemental grant due for the months the system denied benefits;] and
 - 3. Determine if any new MAID's are needed and issue through Special Circumstance.

MS 4064

PROGRAM TRANSFER AFTER CUT-OFF

- A. For any program transfer OTHER THAN W to C entered AFTER cut-off:
 - 1. You can enter a program transfer after cut-off UNLESS there has been a case change entered or disposed after cut-off, including changes that pended for negative action.
 - 2. If it is after cut-off and a case change has been entered or disposed:
 - a. Complete a hardcopy application;
 - b. Enter the hardcopy application the first of the next month;
 - c. If the case was pended for negative action, enter the hard copy application after the negative action is applied. Use the first day of THAT month as the application date and not the original hardcopy application date;
 - d. Manually calculate any supplement necessary for the original application month; and
 - e. Determine if any MAID's are needed and issue through Special Circumstance.
- B. For any program transfer C to W or W to C taken AFTER cut-off:
 - 1. Complete a hardcopy application;
 - 2. Enter the program transfer on KAMES the first of the next month. Use the first day of that month as the application date;
 - 3. If the system inappropriately denies the program transfer for the month the hardcopy application is entered but approves it for the anticipated change month:
 - a. Manually calculate any supplemental grant for the months the system denied benefits; and
 - b. Determine if any new MAID's are needed and issue through Special Circumstance.

MS 4070

APPLICATIONS AND MASS CHANGE

Use the following procedure when an application is approved in the month before mass change occurs.

For all applications taken two months before the mass change and approved after mass change runs in the next month, enter a "J" no change action the day the application is approved. This "J" action causes the calculator to use the new eligibility tables for the conversion month.

EXAMPLE: An application is taken in August and approved after mass change runs in September. Enter a "J" no change action the day the application is approved and the new tables will affect October benefits.

MS 4080

DUPLICATE PARTICIPATION

See: OM. Upd. 04-09, [MS 99661](#), 2/1/04.

KAMES has edits to prevent individuals from receiving duplicate benefits from different systems or locations.

A. KAMES prevents an application from being entered if the case has received benefits for the current month on the PA-62 system for the program for which they are making application.

1. KAMES matches for each household member through the SSN/Name-DOB matching process and requires members to be deleted from the current application if they are found active or have received current month benefits on the other system.
- [2. If the PA-62 case is still active, complete a conversion recertification matching the PA-62 case. Then enter a program transfer or complete the necessary case change, as appropriate. If supplemental benefits are needed, issue them through special circumstance. This does not apply to TMA cases, SSI alert, and other cases which stay on the PA-62 system.
- 3.] When a case is converted to KAMES, but discontinued the same month and the recipient reapplies within the month of discontinuance, apply the following procedures:
 - a. If benefits were issued for that month on the PA-62 system, take a hardcopy and enter the reapplication on KAMES on the first day of the effective month of discontinuance; or
 - b. If benefits were issued for that month on KAMES, or no benefits were issued at all for the application month, enter the reapplication on KAMES.

[B. Process cases that have received benefits on KAMES as follows:

1. If a case is discontinued on KAMES after the next month's benefits have been issued, and a reapplication is taken in the same month the discontinuance action was taken, take a hardcopy reapplication.
 - a. Enter it on the system the first work day of the following month.
 - b.] Enter the application date as the first day of the month the application is entered on KAMES.
 - [c.] The application denies for the application month for having already received benefits, and approves for the following month, if eligible.

EXAMPLE: A food stamp case is discontinued on 6/27/95 effective 8/1/95. July benefits have already been issued. [If the recipient reapplies on 6/29/95, take a hardcopy reapplication and input it on 7/3/95 with an application date of

7/1/95.] The system denies the application for 7/95 and approves the household effective 8/1/95, if eligible.

[2.] If new household members are involved, KAMES approves them for the month the application is entered and denies the former members for having already received. If the new member is eligible for a supplement for the month the hardcopy application is taken, manually calculate and issue the supplement because the new member is not on the system for that month.

[C.] When you accept an application for FS for a household or member who received in another state, follow these procedures to prevent duplicate participation:

1. Telephone the other state agency to determine:
 - a. The effective date of discontinuance;
 - b. The last day benefits were received; and
 - c. The period of time the last issuance covered.
2. If the other state does not issue FS benefits on a calendar month basis, do the following:
 - a. Accept a hardcopy application if the benefit period from the other state is still in effect;
 - b. Enter the application date as the first day of potential eligibility in Kentucky;
 - c. Answer "N" to "Received in another state"; and
 - d. Document the action in comments.

KAMES approves the application with benefits prorated from the date you entered as the application date.

EXAMPLE: Household received benefits in Alabama on 6/24/96, which covered the period from 6/15/96 through 7/14/96. You will enter the application date as 7/15/96, the first day of potential eligibility in Kentucky.

MS 4085

RESIDENTS OF SPOUSE ABUSE CENTERS

With system programming, the same SSN CANNOT be active or pending in two food stamp cases at the same time. [As a result, the following steps must be taken when a resident of a spouse abuse center, who is currently receiving food stamp benefits, applies for FS benefits a separate household.]

A. If the resident is a member in an active FS case and the current FS case is not in her name, process the request as follows:

1. DO NOT assign a pseudo number;
- [2.] If applying within the same county in which she is currently participating, remove the resident and all other appropriate members from the current FS case;
- [3.] If applying in a new county, contact the former county and request that they remove the resident and other appropriate members from the current FS case;
- [4.] In removing the resident from the former case, if the case change pends for negative action, the resident is entitled to expedited services:
 - a. Manually calculate the current month's benefits; and
 - b. [Contact the Operations Support Branch at (502) 564-7514.]
5. KAMES prorates the current month's benefits from the date of application ONLY if there was a lapse of one or more months in the household's certification. If there is no lapse in the household's certification, the system issues the resident a full month's allotment; and

B. If the spouse abuse resident is the head of household in an active FS case and the current food stamp case is in her name, process the request as a case change as follows:

1. DO NOT discontinue the current FS case;
2. DO NOT assign a pseudo number;
3. If applying within the same county, in which she is currently participating, remove all appropriate nonhousehold members from the active FS case;
4. If applying in a new county, obtain the resident's current address and verify household size and shelter expenses. Contact the worker responsible for the active case and request that the case be transferred, giving all necessary information verbally. See [MS 1245](#);
5. Once all appropriate members have been removed from the current FS case, manually calculate the application month's benefits. Benefits are prorated ONLY if there was a lapse of one or more months in the household certification; and

6. As the current FS case was not discontinued, issue the duplicate benefits for the resident as a supplemental, using the supplemental code of SP8.

MS 4090

ENTERING COMMENTS

Use Comments to record all required case documentation. Access the Comments screen by typing "NOTES" in "Next Action", or by accessing Segment "G" on the Case Segment Change Menu, and document each case action.

- A. When completing an application or recertification, "Notes" is system displayed on the Disposition screen that contains the Pended, Approved, Denied, etc. disposition.

Press Enter to access the Comments screen. Document comments on the case and press enter again. You will return to the same disposition screen where the application or recertification will proceed through disposition as usual.

- B. With a few exceptions, you may go directly to the Comments screen while processing an application or recertification. It is helpful to document comments as you proceed through the case rather than trying to remember all required documentation at case disposition. To go to notes, do the following:
 - 1. Type "Notes" in the next action field;
 - 2. Press enter;
 - 3. Enter your comments on the screen; and
 - 4. Press enter again to return to the screen you last completed in the application or recertification.

The exceptions that will not accept "Notes" are the first screens of a set of screens, and some of the disposition screens.

- C. For case change, the Comments screen displays at disposition, or you may select Function "G" from the Case Change Menu to enter comments. If you select Function "G", comments will not display at disposition. All notes display on separate screens when inquired.
- D. The only time Comments entered on one case display in the related case, is the first time you page through the joint application. Comments are not updated between related cases. They must be entered on the IM case and on the FS case separately.
- E. For companion cases, comments that relate to both cases may be entered in one case and cross-referenced in the other.
- F. KAMES uploads the date your comments are entered on the screen.
- G. Answer "Y" to "are additional comments needed?" to obtain additional pages.
- H. Comments can be updated even when the case is inactive, as long as the case is still online.

MS 4100

ADJUSTING CERTIFICATION PERIODS

Review the system-assigned certification period and adjust, if necessary, before disposition. [KAMES will not allow you to adjust certification periods of Simplified Reporting (SR) households or expedited FS approvals for which verification is postponed. The K-TAP and FS recert dates must match once in a 12-month period.]

MS 4105

PAFS/NAFS CATEGORY

KAMES determines PAFS household status for K-TAP companion cases internally. PAFS case status based on receipt of State Supplementation is determined by worker entry.

- A. When you answer "Y" to "Is he/she receiving/approved for state supplementation?" for all household members, KAMES identifies the case as a PAFS household. PAFS households may also be made up of a combination of K-TAP and State Supplementation recipients.
- B. If a joint IM/FS application disposition results in the approval of both cases, wait until the disposition screen for the State Supplementation grant displays "Approved". Then follow these steps:
 - 1. On the FS disposition screen that displays "NOTES" in "Next Action" type "NAMES" over the word "NOTES".
 - 2. Press enter and return to the FS case Household Members screen.
 - 3. Select each household member and answer the applicable question "Y" for each member in the household.

MS 4110

SHARED ADDRESS

Case address is a shared element for the head of household or primary case person only. Every case which has the same case name and number will have the same address. Change this address in one case, and it changes in all cases.

The new address is not visible on inquiry in the companion case, if the address change in the first case is still pending. The new address is used for all system-generated notices, but it does not appear on inquiry for the companion case until the pending change has disposed.

If a PAFS case has a companion case, same name and number, enter the residency verification source code appropriate for the companion K-TAP case. Document comments that residency verification for the PAFS case is not required as it is categorically eligible.

A. When entering an application, if you discover that the applicant has an active case in another category in a different county, do the following:

1. Contact the worker responsible for the active case; and
2. Have the other county transfer the active case to you.

The address and county code will already be changed. The address and county number are updated in the active case as soon as you leave the Address screen in the pending application.

B. There are some situations in which a FS case and a K-TAP case have had different addresses, even though both cases belong to the same person. The most common instance of this is when a student receives FS in the county of current residence, while still receiving K-TAP in the county where the dependent children live. This is no longer possible, due to the shared address process on KAMES. Use the following procedures to address this situation:

1. Explain to the applicant that the FS case must remain in the county where the recipient actually resides. The K-TAP case must also use that address and county number because of the shared address process on KAMES. If the K-TAP children reside in a different county, KenPAC special assignments may be made.
2. Explain to the applicant that a protective payee may be chosen to receive the K-TAP benefits on behalf of the applicant in the county where the child resides. The applicant may choose the protective payee, who would normally be the individual currently caring for the children. The case name and number remain the same if a protective payee is chosen.
3. If the applicant chooses to use a protective payee, enter that person's name and address in the appropriate fields. All K-TAP benefits go to the protective payee's address, while the FS and MA

continue to be sent to the case address (home or mailing, as appropriate).

4. Document the applicant's choice in comments.

See [MS 4523](#) for information on shared address changes.

MS 4120

ADDRESS ENTRY

To ensure accurate postal delivery, special attention must be given to the address entry.

- [A.] Do not use any punctuation when entering address data.
- [B.] Enter the city name in full; for example, enter Louisville, not Lou.
- [C.] If the address takes 2 lines to complete, the 2nd line should contain the street address.
EXAMPLE: Apt 5
101 W Weathers St
- [D.] Enter the code for county of residence in Kentucky. If the applicant does not reside in Kentucky, enter three zeros and the application denies.
- [E.] When a resident of Kentucky has a home address served by a postal district in a border state, enter the abbreviation for a state other than Kentucky in the "State" field of the home address. For entries other than "Ky", the prompt "Is State or Home Address Correct?" is displayed as a reminder to check the entry for accuracy before proceeding.
- [F.] When accessing the case change address segments, do not enter a change reason code for any field other than the one you are actually changing. If the recipient has a home address ONLY and any change reason code is entered for the mailing address, notices, ID cards, etc. are printed with a blank address.

MS 4125*

SYSTEM-LOADED ADDRESS

KAMES uses a program called Code 1 Plus to make addresses on KAMES meet postal requirements.

- A. Enter the recipient's home address and mailing address, if appropriate, on the address screen. Do not enter "Box" as the first word of an address, unless it is a post office box. Complete the rest of the screen and press enter;
- B. KAMES uses Code 1 Plus to review the entered address.
 - 1. If a different address is found, KAMES overlays the entered address with Code 1 address and displays the message "Code-1 Plus Generated Address - Hit Enter";
 - 2. If the address entered is insufficient for a Code-1 match, the entered address redisplay with the message "Code-1 Plus Insufficient Address Info. for Match";
 - 3. If the zip code does not match the state entered, the error message "Zip Code Not Valid for State Entered" displays and you cannot leave this screen until they match;
- C. Review the new address. If the address is correct, press enter;
- D. If the new address is not correct, reenter the correct address and press enter; and
- E. The address that is on the screen after enter is pressed the 2nd time is the address KAMES will use.

MS 4130

RESIDENCY VERIFICATION

When an active member on KAMES applies for benefits in another program, do not erase residency verification to force the application to pend. Residency is member data, and KAMES recognizes its verification anywhere that it appears on the database. If residency is unverified, the active case is recalculated and discontinued immediately on-line. This process is true for an active FS case with a pending IM application, or an active IM case with a pending FS application.

To forcibly pend the application:

- A. [For FS, K-TAP, L, or N, cases leave verification of household size blank.] Since household size is case data, the system does not recalculate and discontinue the active case.
- B. [For Adult MA, I, Y, P, or U cases leave a verification source other than residency or household size blank to forcibly pend the application.]

MS 4140

INCOMPLETE APPLICATION

[See OM Upd. No. 07-20, MS 99769, 10/1/07](#)

KAMES requires entries on several screens to pend, approve or deny any case.

- A. [Complete form KIM-77 to protect the application filing date when the applicant cannot stay.]
- B. When an applicant walks out of the interview, refusing to complete the application process prior to reaching the Communal Dining screen, do the following:
 - 1. Complete a hardcopy form PAFS-97, Assistance Program Inquiry.
 - 2. Call the Help Desk to delete the application if it is stopped prior to the Communal Dining screen.
- C. When an applicant walks out of the interview, refusing to complete the application process on the Communal Dining screen or later, do the following:
 - 1. Complete the screen;
 - 2. Type "Action" in "Next Action";
 - 3. Document Comments; and
 - 4. Deny the application.

MS 4150

JOINT APPLICATION

- A. If a case is a joint application or a related case, the system automatically calculates the IM case first and then the FS case. If a case is listed as "Next Case", press enter to see the disposition/calculation for that case and complete the action for that case.

If you wish to return to the application to change data, type "Names" in the "Next Action" field that contains the word "Notes" on the Disposition screen. After this screen, return to the Household Members screen is not possible, and the case must be placed into pending status through supervisory override if necessary to prevent benefits from issuing in error.

- B. When a joint application is pending, each application must be updated separately. Update and dispose the IM application first, then dispose the FS case, if all verification for both cases has been returned. If verification is present for the FS case, but not the IM case, process the FS case first.
- [C. If the K-TAP case is approved after the 26th of the month, the K-TAP grant is not counted in the FS case for that month. There is no way for the applicant to receive the K-TAP check in the approval month. K-TAP income is counted for ongoing months.]

MS 4160

EXPEDITED FS APPLICATION WITH
POSTPONED VERIFICATION

For expedited FS cases with postponed verification taken after the 15th of the month, once you press enter on the final FS disposition screen, the FS application has been approved for the current and anticipated change months.

Both the initial and second month's benefits are issued. No further benefits are issued until recertification is complete. A two-month certification period is system assigned.

If it is necessary to change information for the application month on the same day the case is disposed, a supervisory override must be done. After the supervisory override is completed, you must go through "Update a Pending App," and make the required changes. The FS case for the application month is recalculated, and once disposed, the expedited benefits are issued. Failure to follow these procedures results in benefits being incorrectly issued.

MS 4165*

POTENTIALLY SSI ELIGIBLE

Do the following when an F, G, H, J, K, or M case will be denied or discontinued as potentially eligible for SSI:

- A. If the individual is potentially eligible for SSI, allow KAMES to deny the application.
- B. If the individual is not eligible for SSI for a reason not captured on KAMES, for example, he has a resource that SSI counts but Medicaid doesn't:
 - 1. Answer "Y" to "Is client ineligible for SSI due to a financial or technical reason?", on the IM disposition screen. Press enter.
 - 2. "Names" uploads in the next action field. Press enter again.
 - 3. The household member screen appears. Dispose the case again, the case recalculates and the SSI test is bypassed.

MS 4170

S OR X DISCONTINUANCE

[When entering a K-TAP application, if a member included in the application is included in an S or X case KAMES member match processing prevents the child from being a member in the K-TAP case. Notify the DSS worker by form PAFS-628 that the S or X child is a K-TAP applicant. Process a K-TAP member add after the DSS worker discontinues the S or X case]

MS 4190

JOINT FS AND SSI APPLICATION

Use the following procedure when FS application form FNS-385 is received from the Social Security Office:

- A. Enter an agency contact.
- B. Complete hardcopy form KIM-100 and appropriate supplements.
- C. Conduct a telephone interview and complete any missing information on form KIM-100.
- D. Attach form FNS-385 to the unsigned form KIM-100 and file in case record.
- E. Document Comments.
- F. Enter completed application/recertification on KAMES with application date as the date of form FNS-385.

MS 4200

REQUEST FOR INFORMATION (RFI)

The RFI is system-generated to request missing information or verification for both case and member levels. If it is necessary for the applicant to bring in verification that is not listed on the RFI, type the request for the necessary verification in "Other", and the information will print on the hardcopy RFI.

When updating a pending application or recertification:

- A. The Last RFI screens display at the beginning of a pending application when you update or inquire it. Use this information to determine if all missing information has been provided.
- B. The Last RFI screen displays "More" at the top to indicate that there are more RFI screens to display. PF20 to access additional screens.

MS 4220

FS APPLICATION TIME STANDARDS

Required verification time standards for FS applications vary depending on whether the household is expedited.

- A. When the household loses its right to expedited services because it fails to provide the necessary verification, answer "Y" to "Change to Non-Expedited" on the Disposition screen containing the certification period. Answering this question "Y" causes the case to pend until all verification is provided. This question only appears after the expedited timeframe has elapsed.
- B. For an expedited application with postponed verification, a recertification is necessary to receive further benefits.
 - 1. At disposition of the application, enter a recertification appointment date on the RFI that is generated to request return of the postponed verification.
 - 2. Give the original RFI to the applicant and retain copy for the case record.
 - 3. This is the only appointment notice the applicant receives.

MS 4230

ALTERNATE PROGRAMMING

When eligibility cannot be established for a particular IM program, KAMES uses a method called alternate program processing to determine eligibility for another program, if potential eligibility exists for that alternate program. This corresponds to taking an application in one category and approving it in another.

A. KAMES is programmed to follow a natural progression of alternate program processing as follows:

- | | |
|---------------------|-------------|
| 1. C to L to Y to I | 6. F to J |
| 2. L to Y to I | 7. G to K |
| 3. W to N to Y to I | 8. H to M |
| 4. N to Y to I | 9. FP to J |
| 5. Y to I | 10. GP to K |
| | 11. HP to M |

B. You can enter an alternate program code, in addition to the automatic progression by KAMES.

1. If the applicant is potentially eligible as a Z, you must enter "Z" as the alternate program code. KAMES does not upload Z.
2. You can manually enter a code and skip some of the automated ones, such as going directly from C to I.
3. If you enter an alternate program code that qualifies as a program transfer, system edits prevent the transaction and display an "Invalid Alternate Program" error message.
- [4. The alternate program code field is protected when a K-TAP case discontinues and is TMA eligible.]

C. Alternate program processing begins on the IM disposition screen that displays the IEVS question by uploading a denial or discontinuance decision for the original case entered.

1. The field "If case denied/disc, explore eligibility in the following category:" is uploaded with the alternate program code, based on the natural progression that is built into the system.
2. If you press enter without making any changes on the screen, the system determines eligibility for the alternate program code that was uploaded, based on available information.
3. If you enter "Names" in "Next Action" you receive a prompt that if you want to change the original program application, you must erase the alternate program code. If you do not need to change the original application, press enter and alternate programming begins. This allows you to change or enter information necessary for an eligibility determination in the alternate program code.
4. Review the household members' ID codes and deprivation factors and change them if necessary for the new program code. KAMES does not change these codes for you.

- D. THE ONLY WAY YOU CAN PREVENT ALTERNATE PROGRAM PROCESSING FROM BEGINNING IS TO ERASE THE ALTERNATE PROGRAM CODE ON THE IM DISPOSITION SCREEN BEFORE PRESSING ENTER. This causes the denial or discontinuance to remain pending in the original category for the return of requested verification, etc.
1. If the denial or discontinuance is due to an error, type "Names" in the next action field before pressing enter.
 2. When enter is pressed, you return to the household members screen and can make necessary changes to correct the case for eligibility determination in the original program code.
 3. When a case remains pending, the word "preliminary" appears at the top of the calculation screen, indicating that the case is pending, alternate program processing can still begin. DO NOT assume that the case is pending in the original category or that no other action is required.
- E. When supervisory approval is required for a case with alternate programming, the supervisor must:
1. Enter code and password on the first disposition screen;
 2. Check for alternate program processing and prevent inappropriate processing;
 3. If you return to "Names" from the Disposition screen, the case does not dispose and your code and password are deleted;
 4. Upon returning to Disposition, re-enter your code and password to dispose the case.
- F. Supervisory override returns the case to pending status, with the same program code it was disposed in. Supervisory override does not return the case to the original program code.
- G. If a case is approved in the wrong category, deny or discontinue the inappropriate case and enter the reapplication in the correct program code.

MS 4232* STATE SUPPLEMENTATION ALTERNATE PROGRAMMING

- A. When a state supplementation case alternate programs to the J, K, or M category, a spot check, Review Cert Period, SSP Alt Prog, posts to your DCSR the first work day following the completion of the action.
- B. The spot check shows a timely date of 10 days from the date it appears. It moves to the FSS's DCSR 5 days after it appears on the caseworker's DCSR.
- C. The spot check is a reminder to access inquiry to check the recertification date and determine if a recertification is required.
- D. If the recertification month is between the 12th month and 24th month, access the Case General Information screen and shorten the recertification period to the month after the alternate programming.
- E. Delete the spot check after action has been taken.

MS 4235 ALTERNATE PROGRAMMING FOR ONE MONTH ONLY

KAMES cannot determine one program code for the application month and a different program code for the anticipated change month, if the application pends for supervisory approval.

- A. For example, a W application is entered by a probationary worker, with excess income in the application month and no income in the anticipated change month. [The application should approve as an "I" for the application month and approve as a W for the anticipated change month, but if the K-TAP case is allowed to alternate program to a MA only case for the application month and pends for supervisory approval, the ongoing K-TAP benefits are lost.]
- B. To avoid this, do the following:
 - 1. [The probationary worker stops the case from alternate programming at the point of the K-TAP denial by erasing, using the EOF key the entry uploaded in "If case is denied/disc, explore eligibility in the following category:" on the Disposition screen for the application month.
 - 2. The supervisor allows the K-TAP case to deny for the application month and alternate program, then approves the case for the anticipated change month and ongoing months.
- C. If these procedures are followed all appropriate MA and K-TAP benefits issue correctly.]

MS 4240

RETROACTIVE MA ELIGIBILITY

Enter a medical expense for each appropriate retroactive month to determine non-spend down retroactive MA eligibility. Although the amount of the medical expense does not have to be verified, you must enter "CS" as the verification source code in order to leave the screen. Enter one cent if applicant is unsure of the amount.

- A. Do the following to review retroactive MA dates and calculations at disposition:
 - 1. Enter "Y" in the retroactive months on the Application-IM Eligibility Info screen to see MA dates and member status.
 - 2. Enter "Y" in the retroactive months on the Application-MA Calculation screen to see retroactive income.
- B. It is not necessary to enter an expense to obtain MA retroactive to the birth month for a deemed eligible newborn.

MS 4245

SECOND ANTICIPATED MONTH CHANGE

It is possible to make a change in benefits for the second anticipated change month. For example, an application is taken in June, is still pending in July and new income is reported which will not be received until August. Do the following:

- A. Use the application month's circumstances to issue the application month's benefits;
- B. Use the anticipated month's circumstances to issue the next month's benefits;
- C. Dispose the application; and
- D. Immediately process a case change, which will affect the second anticipated month.

MS 4250

ELIGIBLE FOR APPLICATION MONTH ONLY

Process an application which is income eligible in the application month, but over the income scale for the anticipated month, as follows.

- A. Enter the income to be considered in the application month, on that month's screen. Use the calculation code "CU";
- B. Indicate that the next month's income is not the same, using same for processing;
- C. Enter the anticipated income on the next month's screen, using "CA" or "C1" as appropriate; and
- D. The application correctly approves for the application month and denies ongoing benefits.

[For K-TAP, this process only applies when the application is NOT processed within the standard of promptness through no fault of the applicant.]

MS 4255

[TMA

See: OM Pol. Upd. 00-34, [MS 99548](#), 11/16/00.

KAMES automatically determines TMA eligibility when a K-TAP case discontinues.

- A. When a K-TAP case discontinues and is TMA eligible:
 - 1. NO alternate program code is uploaded;
 - 2. The TMA dates are uploaded. If TMA eligibility should begin earlier than the begin date assigned by KAMES, correct the TMA begin and end dates; and
 - 3. Disposition should show an "L" or "N" approval due to TMA.
- B. Inquiry on the Case General Information screen of an active TMA case indicates:
 - 1. An active "L" or "N" case status;
 - 2. The certification period of the discontinued K-TAP case is retained;
 - 3. Time-limited MA as "Y"; and
 - 4. The TMA period dates.
- C. TMA cases cannot be transferred during a report month, until the TMA reporting process is completed. See [MS 4265](#) for reporting procedures.
- D. "Determine ong elig/TMA Discontinuance" spot check appears the day after a TMA case discontinues. Review the case for any members eligible for ongoing MA eligibility, such as "I" eligible children.
- E. Do the following when a TMA case discontinues in error:
 - 1. Use supervisory override if the discontinuance occurred that day;
 - 2. Process a reinstatement; or
 - 3. Process a C or W application, which should deny and reestablish TMA eligibility. Correct the TMA dates as needed to match the original TMA period.]

MS 4265

TMA REPORTING

TMA recipients are required to meet certain reporting requirements. Most of this reporting process is automated.

- A. Refer to FSOM, [Vol. IV, MS 2930-2960](#) for TMA reporting requirements. The same time frames apply to KAMES as PA-62, but KAMES automatically sends form PA-800. Select Inquiry segment N, TMA, to see if form PA-800, TMA Form, has been sent. [Other TMA notices, KIP-801, 801A, 802, 803 and 804 can be checked on inquiry Segment Q, Notice History.]
- B. There is no TMA tracking log for KAMES cases, as the necessary notices are automated. Once the TMA case is approved, no worker action is required until form PA-800, is returned by the TMA recipient or the TMA case appears on the DCSR discontinuance list. KAMES discontinues the TMA case automatically.
- C. Upon receipt of form PA-800, do the following:
 1. Select option G, Acknowledge TMA Report, from the Case Change Menu;
 - [2. A change cannot be processed through option G unless form PA-800 has been system-generated;
 - 3.] Enter the first 5 letters of the case last name;
 - [4.] Enter the date the report was received and whether it was complete (C) or incomplete (I).
 - a. If the TMA report is acknowledged as complete, proceed to the next item.
 - b. If the report was incomplete, enter as many incomplete reason codes as necessary; and
 - c. KAMES issues the second form PA-800 and notice KIP-801 or 801A.
 - [5. If the TMA report is received complete and untimely make a good cause determination and enter a good cause code if appropriate. If good cause does not exist, allow the case to discontinue per item E.]
- D. Once the TMA report has been acknowledged as complete, process any case change using the action reason code "TM":
 1. Enter verified income for the past 3 months using P3 as the current month IM calculation code and CA in the past 3 months; and
 2. A Pending TMA Report appears on the DCSR, listing all TMA reports that have been acknowledged as complete, but on which no "TM" action has been processed.

- E. KAMES discontinues the TMA case, when:
 - 1. No "TM" case change action is completed; or
 - 2. TMA eligibility no longer exists.
- F. The discontinuance effective date depends on the report month. If no "TM" case change action is completed:
 - 1. In the 4th month, the case discontinues effective with the 7th TMA month.
 - 2. In the 7th month, the case discontinues effective the 8th TMA month.

MS 4270

SPECIAL CHILD SUPPORT PROCEDURES

- A. When you reach the deprivation screen for a child in Juvenile Justice custody or adoption where parental rights have been or will be severed:
 - 1. Leave both parents' names and SSN's blank.
 - 2. Answer "N" to "Is he/she in the home?"
 - 3. Answer "Y" to "Unknown"; and
 - 4. KAMES loads "Unknown" in the name fields and assigns a deprivation factor of "60", no deprivation. This bypasses the KASES Referral Screens.
- B. [Do the following when a spend down or E/T case is approved and a referral to DCS is needed:]
 - 1. Force print the referral screens as each is completed;
 - 2. [Attach the screen prints to the signed KIM-125 or PA-125 and forward to DCS or the contracting agency; and]
 - 3. Report any changes to DCS via form PAFS-628.
 - 4. For E/T cases, annotate the KIM-125 or PA-125 with the E/T PA-62 case number.]

MS 4305

IM NO SHOW RECERTIFICATIONS

See: OM Pol. Upd. 00-34, [MS 99548](#), 11/16/00.

The following explains the procedures related to the automatic discontinuance of IM cases for failure to keep recertification appointments.

- A. When an individual fails to keep an IM recert appointment, form KIM-105.6 is generated that evening to inform the individual that his/her case will be discontinued. At the end of the 10-day timely notice period, the system discontinues the case.

Example: The individual fails to keep his/her appointment on 6/3. The KIM-105.6 is generated the evening of the no show appointment. The case will discontinue the evening of 6/13, effective 7/1.

- B. [KAMES recognizes only one rescheduled recert appointment if the appointment is rescheduled on KAMES no later than the end of the day of the first scheduled appointment.]

Example 1: [The individual is scheduled for a K-TAP recert on 6/6.] The individual calls on 6/5 to reschedule her appointment to 6/12. The worker reschedules the appointment on KAMES that same day. Form KIM-105.6 is not generated on 6/6, but if the individual fails to show on 6/12, form KIM-105.6 will be generated the evening of 6/12.

Example 2: [The individual is scheduled for a K-TAP recert on 6/3.] The individual fails to show and form KIM-105.6 is generated the evening of 6/3. On 6/6, the individual calls to reschedule her appointment for 6/11. [If the individual fails to keep her 6/11 recert appointment, the K-TAP case will discontinue the evening of 6/13.] The discontinuance date of 6/13 was set based on the individual failing to show for the original 6/3 recert date because she did not reschedule her appointment prior to 6/3.

If the individual reschedules a second time or more, even if the additional appointments are rescheduled on KAMES, the system only recognizes the first rescheduled appointment date in applying the IM no show recert process. If you reschedule the original appointment on KAMES due to a conflict in your own schedule, this counts as the first rescheduled appointment.

- C. If the appointment is not kept or rescheduled on or before the first appointment date, the IM auto discontinuance processing is started and the only thing that will keep the case from discontinuing is if the individual comes in for interview and the recert is entered on KAMES before the end of the 10-day period or cutoff, whichever comes first.

1. If during the 10-day period, the individual reschedules and keeps his/her recert appointment and the RECERT is entered on the system within the 10-day period, the case will not discontinue.
 2. If a recert is not entered by the 10th day of the timely notice period, the case will be discontinued as scheduled.
 3. If an individual calls to reschedule the recert appointment prior to the end of the 10-day period, but the appointment cannot be rescheduled until after the expiration of the 10-day period, when the individual shows for the rescheduled appointment, the case must be REINSTATED and a RECERT completed on KAMES. Also, remember that a case must be reinstated in the month the discontinuance action is taken.
 4. If the timely notice period expires after the monthly cutoff date, the system will discontinue the case at cutoff. In this instance, if the individual comes in for recert during the 10-day period (but the case was already discontinued at cutoff), REINSTATE the case and complete the RECERT on KAMES.
- D. The case is entered as a REAPPLICATION if the case was correctly discontinued (e.g., the individual failed to show and/or call to reschedule his/her recert appointment prior to the end of the 10-day period).
- E. If an IM case alternate programmed at discontinuance to a Medicaid case for a deemed eligible child or pregnant woman, you must complete a program transfer instead of a reapplication or reinstatement.

MS 4310

PENDING IM RECERTIFICATION

Use the question "Pend over 10 days?" on the last disposition screen for IM recertifications as follows:

- A. Answer "Y" when you have advance knowledge that more time is required, such as MRT redetermination is due.
- B. Answer "N" to allow 10 days for requested information or verification. If the information is not provided timely:
 - 1. Case discontinues at end of RFI period effective next month when:
 - a. RFI expires before cut-off; and
 - b. There are 10 days left in the month.
 - 2. Case discontinues next month, effective the following month, when the RFI expires after cut-off because benefits for next month are issued at cut-off.
 - 3. A reapplication is not entered until the month following the effective month of discontinuance.
- C. If you answer "N" and the requested information or verification is provided timely:
 - 1. Promptly enter the new information.
 - 2. If information is not updated timely, and the case discontinues incorrectly, you must reinstate and update the case. [See MS 4460](#).

MS 4315

PENDING FS UNTIMELY RECERTIFICATION

When an FS recertification is taken after the 15th and pends, "Is This An Untimely Recertification Interview?" appears on the disposition screen. A "Y" answer ensures that the untimely recertification does not discontinue for missing verification on the last day of the month. The system pends the recertification for 30 days from the application date.

MS 4320 FS CHANGE WITH PENDING RECERTIFICATION

Act on a change reported while an FS recertification is pending, as follows:

- A. If all verification is provided, update the pending recertification and process as usual.
- B. If a change is reported without verification, do the following:
 - 1. If AT LEAST 10 days remain before the recertification processes, update the pending recertification with the changed information. An RFI generates allowing the household sufficient time to provide the missing verification.
 - 2. If less than 10 days remain before the recertification processes, DO NOT update the pending recertification with the change. Process the recertification based on the original information. After the recertification processes, enter the reported case change.

MS 4330

LTC RECERTIFICATIONS

Do the following for Long Term Care (LTC) case recertification ONLY:

- A. Schedule the recertification appointment on the KAMES calendar. As the KAMES appointment letter DOES NOT currently explain the telephone option, form PAFS-2 must be sent explaining the option to the representative.
- B. When the representative calls, select the Recertification Option and complete the screens, based on representative response. When the RFI screen displays, type in the representative's requirement to sign and return form KIM-101, along with the requested verification.
- C. Send the RFI and the original KIM-101 for signature to the representative. Provide a non-postage paid self-addressed envelope for return mailing. Retain a copy of forms KIM-101 and RFI in the case record. Destroy the copy of KIM-101 upon return of the original.
- D. If the application form with signature and requested verification are not returned, KAMES sends notice of proposed discontinuance based on information not returned.
- E. When the original signed KIM-101 and verification are returned, access the pending recertification, complete verification entries on the screens and process the case.

Previously verified, unchanged insurance policies, stock certificates, etc. do not need to be resubmitted. [Photocopy verification submitted and immediately return the original verification to the representative. Process the recertification and file the returned, signed form KIM-101 and verification in the case record.]

MS 4340

CONVERSION RECERTIFICATION

When a conversion recertification is entered on KAMES, it must remain pending or active through that night's batch cycle. If the recertification is denied on KAMES on the same day it is entered, the PA-62 case will not be system discontinued.

MS 4420

ACTING ON CHANGES

When a household reports a change, enter the reported change and any verification provided the same day it is reported. The reported change, if all verification is present, affects the next possible monthly issuance. [Only voluntarily reported changes are entered on the system in SR households. See [Volume II, MS 6707](#) for procedures for acting on changes for SR households.]

- A. Enter the change for the month the change took place. If the change is ongoing, select the anticipated change month and enter the information. Changing the current month only, may not affect ongoing benefits when the change is entered after next month's benefits have been issued.
- B. If verification is not provided, the system produces an RFI to obtain necessary verification. The case change pends for 10 calendar days. (If the 10th day falls on a weekend or holiday the system takes the action on the evening of the next workday.) If verification is not entered within the 10 days, the system acts according to individual program policy.
- C. If verification of the change is provided, the system applies the change effective with the next appropriate issuance. If the change is completed without 10 calendar days left in the month and results in decreased benefits, the case pends for adverse action.
- D. If a change pends for adverse action, when you end session, the benefit calculation screen does not reflect the change. It reflects information for the last applied action. Use Function "H" on the Case Change Menu to view the changed benefit information.
- E. DO NOT enter changes that affect benefits after cut-off when the case is due recertification next month. Enter the reported change as part of the recertification. Process actions such as address changes, replacements, supplements or restorations, even though a recertification is due next month, since these actions do not affect ongoing benefits.

MS 4430

BENEFIT CALCULATION SCREEN

When completing a case change, confirm that the data entered is correct prior to ending session. Review the case calculations by entering Function "H" on the Case Change Menu.

A. If the calculation is correct:

1. Complete the disposition screens although they will not affect your case change; and
2. End Session.

B. If the calculation is incorrect and you need to change data, you must complete disposition of Function H. When you are returned to the Case Change Menu:

1. Select Function "A";
2. Enter appropriate changes to the segment;
3. PF15 to the Case Change Menu; and
4. Enter Function "H" and check calculations prior to ending session.

MS 4440

INACTIVE CASE CHANGES

After a case has been discontinued, the following case change segments may still be accessed.

- A. Batch Match;
- B. Correct Patient Liability;
- C. Comments;
- D. Replacement;
- E. Special Circumstance; and
- [F. Restoration/Supplemental.]

MS 4450

IM DISCONTINUANCE

There are two functions on the Case Change Menu that are used to discontinue an IM case. Make every effort to discontinue the IM case using the correct discontinuance reason on KAMES.

- A. Function "D", Discontinue Case, No Alt Prmg, discontinues the case, and does not explore eligibility for ongoing Medicaid.
- B. Function "W", Discontinue Case, with Alt Prmg, discontinues the case, and explores ongoing eligibility for Medicaid.
- C. K-TAP discontinuances require the entry of a "K-TAP Client Reason". These reasons are:
 - 1. Client request due to earned income;
 - 2. Client request due to marriage;
 - 3. Client request to protect TANF time limit;
 - 4. Not applicable; and
 - 5. Moved out-of-state, obtained employment.

MS 4460

REINSTATEMENT

Use the following guidelines to reinstate a case that is discontinued in error.

A. Follow these procedures to process a reinstatement ONLY if the discontinuance took place as the result of a case change and it is the month of discontinuance.

1. Determine the cause of discontinuance and decide what action is needed to restore eligibility.
2. Enter the case number and select Function "C" from the Case Change Menu. Enter "Y" for "Do you want to reinstate this case?" and press enter.
3. The message "Review KASES Referral Date" appears. Press enter.
4. The Case Change Menu reappears with the prompt "Complete appropriate case changes, prior to disp" displayed. The case will be exactly as it was before discontinuance.
5. Take whatever action is necessary to establish correct ongoing eligibility.
6. [If any case member has an incorrect member status code of "I" or "D", a member add must be completed on that individual, in order to correctly reinstate the case to its previous eligibility and benefit status.] Using the reinstatement function alone does not return an ineligible member to active status.
7. If not sure that the case has been corrected, select Function "H" to view what effect the change had on the case.
8. Only if case is now correct, proceed to end session by selecting Function "I" and complete the case change process.
9. If the case erroneously discontinues again, wait until the next day to try another reinstatement. KAMES does not allow more than one reinstatement on the same case per day.

B. Enter a reapplication to reinstate a case when:

1. A recertification discontinues in error. If reinstatement is attempted, the prompt "Reinstatement not allowed-do reapp" appears; and
2. The case was discontinued through case change and it is no longer the month of discontinuance.
3. When a reapplication is entered in any month other than the month of discontinuance, it must be backdated appropriately so that correct benefits are issued.
4. Answer "Y" to "Reinstatement" on the disposition screen.
5. An LTC case is discontinued without a discharge date being entered.

MS 4470

FS HEAD-OF-HOUSEHOLD CHANGE

[SEE OM UPD. NO. 07-23, MS 99772, 11/1/07](#)

When the FS head-of-household has left and, another household member has been made the new head-of-household, your DCSR displays a spot check "HOH Chg - Review Memb - Relationship."

- A. Inquire each member by entering Segment "AA" on the Case/Pending Inquiry Menu to review the relationship to the new head-of-household. The first Inq. - Member General Information screen contains the "Relationship to Applicant."
- B. If the relationship of the member to the new head-of-household is different, access "A" on the Case Change Menu and select Segment "AA". Enter the correct information in "Relationship to Applicant."

MS 4490

MEMBER ADD

[For member-adds, if mandatory information is not verified (such as household size, income or resources for new member), the case will discontinue for failure to provide information. If the member-add is pending optional information (such as an expense), then the member-add should process without using the unverified information.] Do the following to add a case member:

- A. Select "C" from the Main Menu;
- B. Enter "Case Number" and select Function "B";
- C. Enter "IC" or other appropriate code in "Reason" and:
 - 1. Enter the new member's name, SSN, date of birth, sex, status, ID codes and the date the member-add is reported.
 - 2. If the new member has no SSN enter all nines. The system assigns the member a pseudo number.
 - 3. Enter the household size verification source, if provided. Otherwise, leave blank.

MS 4492

RETROACTIVE MA AT MEMBER ADD

Determine eligibility for retroactive MA when adding a new member (other than a deemed eligible newborn) to an IM case as follows:

- A. Determine if the child was technically eligible;
- B. Determine if the child met income requirements for the retro months;
- C. If eligible for retro MA, enter the beginning retro MA date in the "Date Entered" field on the household members screen;
- D. Enter the date the change was reported in the member-add effective date field;
- E. If there are medical expenses in the retro months, enter them; and
- F. KAMES issues a MAID covering the appropriate months.

MS 4495

BATCH MATCH ON INACTIVE MEMBER

Resolve a batch match for an inactive member as follows:

- A. Enter the case number only on the Case Change Menu; and
- B. On the Case Segment Change Menu, enter the member's SSN and choose segment "HH".

MS 4500

DELETING MEMBERS

Remove a case member by entering "M" or "D" to "Has member moved out or died?". Use "M" if the member is removed for any reason other than death. Removing the member also removes all income and any vehicle belonging to the member.

MS 4510 SYSTEM ACTION ON FS CHANGES WITH
MISSING VERIFICATION

[KAMES takes the following action when an FS change is entered with no verification:]

A. [After 10 days, apply a change which will result in a decrease in benefits if the following items are not verified:]

1. Earned income, including self employment, farm income or boarder income;
2. Unearned income, including self employment or farm income;
3. Medical expenses;
4. Dependent care expenses;
5. [Resources];
6. Tuition and fees;
7. Shelter and actual utility expenses when no address change is involved;
8. Entitlement to SUA or BUA; and
9. Alien registration number.

[B. After 10 days, ignore a change which would result in an increase in benefits if the following items are not verified]:

1. Earned income, including self employment, farm income or boarder income;
2. Unearned income, including self employment or farm income;
3. Medical expenses;
4. Dependent care expenses;
5. [Resources];
6. Tuition and Fees;
7. Shelter and actual utility expenses when no address change is involved;
8. Entitlement to SUA or BUA;
9. Household size for member add; and
10. Alien registration number.

C. [When an address change is entered the system pends the shelter expenses. If the change is for an SR household that has not reported a change in shelter expenses, delete the pending shelter information.] At the end of 10 days if they have not been verified, KAMES:

1. Gives no deduction for any unverified expense; and
2. Removes the previously considered expense.

[D. Accept recipient's statement for address and do not require any further verification for address. Enter "CS" as verification source. Residency is verified at application and reapplication only unless there is a reason to believe the household no longer lives in Kentucky.]

MS 4515

SYSTEM ACTION ON IM CHANGES WITH
MISSING VERIFICATION

KAMES takes the following action after 10 days when an IM change is entered with no verification:

- A. Discontinues the case; or
- B. Processes the case without the dependent care deduction, if the dependent care is the only missing verification.

MS 4520

PENDING CASE CHANGE

On the Case Segment Change Menu, when you receive the prompt "Enter 'Y' for one month only", do the following:

- A. Enter the change in the current month only.
- B. If the change involves income, manually compute the monthly amount to be considered.
- C. Enter the monthly amount using the calculation code "CA".
- D. Leave the verification source blank if verification has not been provided.
- E. Document the method used to obtain the monthly amount in Comments.
- F. Once verification is returned, enter the information in the correct month and use the appropriate calculator indicator.

If a probationary worker enters a case change for one month, no other month can be changed until the first change is approved by the supervisor.

SHARED ADDRESS CHANGES

[Address changes made to one case update the address in any other case containing the same case number. KAMES will not update a related case with a different case number.]

EXAMPLE: [K-TAP Case 111 22 3333A containing Jane, Joe, Mary, and Sally]
MA Only 111 22 3333B Jane payee for Tom
FS Case 111 22 3333 Jane, Joe, and Tom
FS Case 444 55 6666 Mary and Sally

[Even though all 4 cases are considered related cases, when the address is changed on Jane's K-TAP case, the MA only case and her FS case are the only other cases that are automatically updated.]

Mary's FS case will not be updated with the new address as she does not have the same number as Jane. You need to manually update this address.

Don't forget to update Mary's case with the new address. [When you end session on Jane's K-TAP case, related case processing pulls Mary's case through the calculator, but does not update the address.] See [MS 1010](#) and [MS 4110](#) for additional information on shared information.

MS 4525

PENDING RELATED CASES

Even though information is shared between related cases, the system's decision to pend a case for verification is made separately for each case.

When a case change is entered, pends for verification, and is also to be used in a related case, follow these steps after End Session is completed on the first case:

- A. On the Case Change Menu, enter the related case number and select Function "A";
- B. On the Case Segment Change Menu, enter the appropriate member number and select the same "Segment" and "Same For" month that was processed in the original case;
- C. On the Pending Change/ Status Change screen, enter "1" to add verification or other data;
- D. On the Case Change screen, press enter. Do not make any changes unless the data previously entered is incorrect. System displays "Verification Not Entered". Press enter again and KAMES displays "Request Processed";
- E. PF15 to the Case Change Menu and select Function "I". The system shows both cases pended and produces an RFI for each case; and
- F. Once both cases pend, the system will correctly process each case at the end of 10 days.

MS 4550

ADVERSE ACTION

Clients are entitled to a 10 day notice of adverse action. This notice is system-generated when a negative action is entered.

- A. If there are less than 10 days left in the month, negative actions such as a decrease or discontinuance of benefits, are held pending until the 10 day adverse action period expires. This applies to all programs and cannot be overridden.
- B. If there are more than 10 days left in the month, the negative action processes immediately. If the case must be returned to its prior status because of a hearing, etc. reinstate the case and take the necessary actions.
- C. [Food stamp IPV disqualifications are exempt from adverse action policy and procedures. These disqualifications do not pend for adverse action and no adverse action notice is sent.
- D. MA vendor payments are subject to adverse action when increasing patient liability for waiver and Hospice cases. LTC vendor payment is NOT subject to adverse action notice. See [Vol. IVA, MS 3600.](#)]

MS 4560

CUT-OFF

Monthly issuance of ongoing benefits takes place on the eighth workday for IM, or seventh workday for FS before the end of each month. Once monthly issuance takes place, next month's benefits have been processed and cannot be changed. Any change after cut-off is not effective until the month after next.

MS 4600

ISSUANCE CYCLES

- A. The following daily issuances for all programs are created every work night of the month:
 - 1. Approvals;
 - 2. Supplementals;
 - 3. Replacements; and
 - 4. Lump Sum Restorations.
- B. There are two regular monthly issuances for all active IM cases:
 - 1. First Monthly - occurs on the eighth workday before the end of the month.
 - 2. Second Monthly - occurs on the last workday of the month.
- C. There are three regular monthly issuances for active FS cases:
 - 1. First Monthly - occurs the night of the seventh workday before the end of each month.

All cases active prior to first issuance are issued benefits at this time, except the following:

 - a. Cases approved after the 15th of the month that have already received their second month's benefits.
 - b. Cases with expiring certification and no recertification have been completed.
 - 2. Second Monthly - occurs the night of the third workday before the end of the month.

All cases approved or recertifications completed after the first issuance are issued at this time, with the same exceptions that appear under First Monthly.
 - 3. Third Monthly - occurs on the last workday of the month.

[All cases approved or recertifications completed after the second issuance are available at this time with the same exceptions that appear under First Monthly.]
- D. The FS monthly issuance availability schedule displays on General Information each month, for replacement purposes.]

MS 5000

OVERVIEW

[Child and medical support enforcement referrals are entered on KAMES. This information passes from KAMES to KASES. Access KASES for inquiry purposes only.]

MS 5005

KASES REFERRALS

[See OM Update No. 05-09, MS 99693, 2/7/05](#)

The following procedures relate to KASES referrals entered on KAMES.

- A. If one or more referrals are incomplete, the K-TAP case pends.
 - 1. If the referral is the only reason the case is pending, it will pend indefinitely.
 - 2. If you do not visit all of the referral screens at recertification, the case pends for an incomplete referral.
 - 3. You cannot end session after a reinstatement, until all referral screens have been visited.
 - 4. Any changes entered as part of recertification, remain pending as long as the recertification pends, even though KAMES continues to issue K-TAP benefits.
 - 5. The DCSR lists the primary reason the case is pending. If there is other verification missing such as income or resources, that displays as the reason pending, even if a child support referral is also incomplete.
- B. Enter an unknown absent parent first name as "unknown", middle initial "*", and last name "unknown".
- C. When entering a payee change:
 - 1. Force print each referral screen as you complete it;
 - 2. Attach all screens to the signed, system-generated PA-125 or form KIM-100, Supp. PP, page 6; and
 - 3. Forward the forms to the appropriate DCSE area office or contracting official.
- D. DSS is system loaded on the referral screens on a P case. KAMES uploads all 9's in the client SSN field and other DSS information, automatically.
- E. When DCSE determines that an alleged father is not the parent of the child do the following:
 - 1. Contact the recipient for another possible father and complete a referral on that person;
 - 2. Delete the incorrect referral; and
 - 3. Document the action in Client Comments.
- F. Reapplications entered more than 90 days after the case is discontinued require a new referral.
- G. Use the client, absent parent, or child's comment screens to send explanations to DCSE or the contracting party as needed.
- H. Access the referral screens through case change, when a change in circumstances which affects the referral occurs.

MS 5200

OVERVIEW

[Access the STEP Automated System by selecting the numeric option on KYNET.

The KAMES batch cycle runs before the STEP batch cycle nightly. This causes a delay in information passing from STEP to KAMES. For example, sanction information entered on STEP is not passed to KAMES until at least the second work day after input to STEP. The same is true for KAMES spot checks that pass from STEP.

When you identify a problem with data being passed between STEP and KAMES, notify the Eligibility Services Branch through your Regional Office.]

MS 5300

GENERAL INFORMATION

[Use Function "E" on the Case Change Menu to replace food stamp benefits and MAID cards.]

DO NOT use KAMES to reissue a K-TAP check. If a recipient reports nonreceipt of a K-TAP check, follow the procedures outlined in [Vol. I, MS 0312](#).

MS 5310

REPLACEMENT MAIDS

When the Case Change Replacement Function is used to replace the current or prior month's MAID cards, the same type card that was issued to that member initially is issued again.

- A. KenPAC cards are issued for KenPAC months, Managed Care cards for Managed Care months, and regular MAIDS for non-KenPAC, non-Managed Care months.
- B. You may issue several replacements in one action, when the dates are consecutive. For example, 5/98 through 8/98 may be replaced at one time.
- C. A separate replacement action must be processed for each non-consecutive month needing replacement.

MS 5335

CHANGING EXTRACT INDICATOR

[For all FS replacements, an indicator must be entered in "Replacement Extract Code", on the Replacement screen.] However, this only tells the system how to issue the replacement issuance. If the extract indicator is to be changed ongoing, follow procedures in [MS 5340](#).

MS 5340

FS EXTRACT CODES

The following provides information concerning the FS extract indicator.

- A. [All FS cases must have an issuance indicator in order for the system to know how to issue the benefits. The benefit extract indicator codes are:
 - 1. "I" This indicates ongoing local office pick-up.]
 - 2. "N" Normal issuance.
- B. To locate the extract indicator for a particular case, you must inquire Segment "A", Case General Information screen. This is the only place the extract indicator appears.
- C. At FS application and recertification, KAMES uploads "N" for normal issuance, in "Coupon Extraction Code", at case disposition. If the code needs to be changed, do so prior to disposing the case. To change the code after disposition, you must:
 - 1. Select Function "A" on the Case Change Menu;
 - 2. Select Segment "A" on the Case Segment Change Menu;
 - 3. Enter the code in "Extract Indicator" on the Case General Information screen; and
 - 4. End session.

MS 5350

ISSUING RESTORATIONS

[See OM Upd. No. 08-02, MS 99778, 2/4/08](#)

Select Function "C" on the Main Menu, and Function "S" on the Case Change Menu to issue restorations or supplementals. This screen also allows multiple restorations on one case.

- A. To issue a one-time restoration, enter the "Lump Sum Supplement/Restore Amount." The restoration issues as one payment in the daily issuance cycle. [If only one payment is to be made, ensure that the amount is entered in the "lump sum" field.]
- B. If the household requests monthly installments, enter the "Monthly Restore Amount" and complete "Number of Payments." The monthly restoration amounts issue at first issuance for the number of months entered, as long as the case remains active. [Do not enter amount in the "monthly restore" field if only one payment is to be made.]
- C. If a case with monthly restoration becomes inactive while there is still an outstanding balance, the remainder of the restoration does not automatically continue. The system posts a spot check "Case Disc - Restoration Remains". You must access the inactive case and change the remaining balance on the restoration to a lump sum. The lump sum issues at the next regular issuance.
- D. [You can issue a restoration if benefits were denied.]

MS 5400

ISSUING SUPPLEMENTALS

[When a change is made in an active FS or K-TAP case, KAMES determines if a supplement is due and if so, the amount.] "Y" displays in the supplemental field if KAMES has calculated and will issue a supplemental. To ensure correct benefits are issued, do the following:

- A. [Complete forms FS-103 for FS or PA-30.1 for K-TAP, or KIM-401 for State Supplementation, to determine the amount due the household, before entering the information into the system.]
- B. Enter the case change and end session.
- C. Review the supplemental amount shown on the Benefits Inquiry screen.
- D. If the supplemental amount does not match your computation, process a J-No Change action and change the supplemental question to "N". This stops the system-generated supplemental and related notice from being issued. The J-No Change action must be taken the same day the case change is disposed.
- E. Manually issue the supplemental through Function "S" on the Case Change Menu.

MS 5405

MANUALLY-ISSUED SUPPLEMENTALS

[See OM Upd. No. 08-02, MS 99778, 2/4/08](#)

Manually calculate and issue supplemental benefits as indicated, in the following situations. Supplementals for related cases can be issued on the same day.

A. Food Stamp cases:

1. If a case change or member add is entered on or before the 20th and disposed after the 20th, issue a current month supplemental; and
2. If an action disposes in batch, issue all necessary supplementals. For example: A K-TAP case discontinues in batch causing a \$50 or more decrease in income for the companion FS case. The income is removed from the FS case by KAMES, but the supplemental must be issued manually.

B. K-TAP cases:

1. Issue all supplementals for decreased income;
2. If a recertification containing a new member is entered before cut-off and disposed after cut-off, issue a supplemental for the following month; and
3. If a recertification containing a new member is entered and disposed after cut-off, but before the first of the following month, issue a current month supplemental.

C. State Supplementation cases: Issue all supplementals.

MS 5410

SUPERVISORY APPROVAL OF SUPPLEMENTALS

When a probationary worker enters a supplemental, supervisory approval is entered as follows:

- A. Select "S" from the Case Change Menu if the supplemental is pending.
- B. Enter supervisory approval directly on the Supplemental screen of the worker's terminal if the supplemental has not been processed.

MS 5415

SUPPLEMENTAL PROCESSING

The following procedures apply to general KAMES supplemental processing.

- A. [Supplementals cannot be issued for any month a case is in suspense or benefits were denied. These benefits must be issued as a restoration for FS cases and through special payment by special circumstance for IM cases.]
- B. [KAMES may correctly issue a FS supplemental for the next month, even if it does not issue one for the current month.] In this situation, the supplemental indicator will be "Y". Calculate the amount of both supplementals due, to determine if both are included. If they are not, issue the missing supplemental manually.
- C. Enter the date the change is reported as the Member Add Effective Date to ensure correct supplemental K-TAP benefits for new household members.
 - 1. KAMES uses this date to calculate prorated supplemental benefits.
 - 2. [This date cannot be earlier than the first day of the current month.]
- D. An automated notice is generated and mailed to the household informing them of the amount, reason and month for which additional benefits are authorized.

MS 5420

STOPPING SUPPLEMENTALS

If a member add or case change in any type of case results in an error in the supplemental to be issued, DO NOT make another case change to correct the error.

- A. Access Option "U", Supervisor Override, on the Case Change Menu; and
- B. Return the change to pending status so that necessary corrections may be made.

MS 5450

SPECIAL CIRCUMSTANCE OVERVIEW

[See: OM. Upd. 04-09, MS 99661, 2/1/04.](#)

A. Use the Special Circumstance Function in the following IM situations to:

1. Issue a MAID card when the MA eligibility date has been moved to a prior date;
2. Authorize a retroactive special payment to correct an administrative error on a denied or discontinued case. On currently active cases, corrected payments for prior months are issued as supplementals;
3. Issue a vendor payment for a recipient who is active in an S or X case, and has been admitted and discharged from a facility;
4. Issue a vendor payment for an inactive case;
5. [Correct patient liability for an inactive case or one that was active on PA-62 rather than KAMES during the period needing correction; and]
6. Issue spend down MA coverage for an active Z case.

B. To inquire a special circumstance transaction, do the following:

1. Select "B" on the KAMES Main Menu;
2. Select "L" on the Inquiry Menu;
3. Enter the case number you are inquiring to the right of item L and press enter.
4. Enter the selection number of the transaction you wish to view on the Inquiry Special Circumstance Menu and select the appropriate segment. The options include issuance, comments, notices, and corrected patient liability.
- [5. Special Circumstance actions may not be displayed in chronological order. Use PF8/20 to view all issuances.]

MS 5460

SPECIAL CIRCUMSTANCE PROCEDURES

[See: OM. Upd. 04-09, MS 99661, 2/1/04.](#)

Specific procedures for using KAMES special circumstance are as follows:

- A. When using special circumstance to issue a vendor payment or correct patient liability, inquire and screen print Member General Information Segment "AA" to obtain the recipient status code. Also check inquiry to determine if Medicaid eligibility did or did not exist for the time period to be covered by the special circumstance action, and to determine whether a Medicaid card has already been issued for the time period covered by this action.
- B. Enter the case number and select Function "R" on the Case Change Menu.
- C. The Special Circumstance Menu appears. Any previously entered special circumstance actions that are pending are listed and can be selected and updated. If there is no special circumstance action pending, or if you need to create a new special circumstance, answer "Y" to "Do you wish to add a selection not listed above?" and indicate whether this new action is for a grant or medical card.
- D. Special Circumstance - 1 screen appears. Complete the screen as appropriate, using information from the case record. Most of the fields are self-explanatory, but additional information is provided below on some specific entries.
 1. If the special circumstance action has been initiated in error, use "Delete" to delete the segment. This can only be done before the requested grant or MAID card is issued, the same day disposed or while action is still pending.
 2. "Grant Begin Date" is the benefit start date for the period to be covered. This is a past month.
 3. The "MA End Date" must be the last day of the month MA eligibility expires.
 4. Complete "List SSN's of members" by entering information about the case members included in the request. If one member needs a MAID card, list that member only.
 - [5. Enter the case name, address and other information carefully, as several fields are not matched against existing cases.]
- E. Special Circumstance - 2 screen appears. Complete the screen as appropriate, using information from the case.

1. The Help function contains all of the codes used on this screen;
 2. If you are issuing an LTC vendor payment or correcting patient liability, answer "Y" to "Do you want to add corrected patient liability?"
- F. Change - Corrected Patient Liability screen appears if needed. Complete the screen as appropriate, using information from the case.
- G. Special Circumstance - Supervisor Approval screen appears next. Supervisor approval is required for all special circumstance transactions. If not entered, the transaction pends.

MS 5500

INTRODUCTION

[See Errata to: OM Pol. Upd. 03-16, [MS 99621](#), 4/1/03.]

Disqualifications can limit a member's participation in a particular program or prevent that individual from receiving benefits. KAMES tracks some disqualifications, imposing and ending them as appropriate.

- A. These disqualifications are system-applied.
 - 1. K-TAP:
 - a. 401 - Transferred resources;
 - b. 416 - Noncooperation with KWP;
 - c. 437 - Convicted drug felon; and
 - d. 444 - 16 to 18 year old teen not in school.
 - 2. MA Vendor Payment: 414 - Transferred resources.
 - [3. Food Stamps: 301 – Transfer of resources
 - a. 319 – Failure to cooperate with QC;
 - b. 397 – Intentional program violation;
 - c. 433 – Trafficking \$500 or more;
 - d. 434 – Fraud/duplicate benefits;
 - e. 435 – Fleeing felon/probation or parole violator; and
 - f. 436 – Convicted drug felon.]
- B. These disqualifications are imposed manually.
 - 1. K-TAP:
 - a. 343 - Lump sum;
 - b. 344 - Refusal to apply for statutory benefits;
 - c. 389 - Noncooperation with DCS;
 - d. 438 - Fraud/duplicate benefits;
 - e. 441 - Felon/probation or parole violator; and
 - f. 442 - Noncompliance with immunization.
 - 2. Family Related MA:
 - a. 389 - Noncooperation with MSE; and
 - b. 423 - Lump sum.

MS 5520

NONCOOPERATION WITH DCSE/MSE

Any individual who fails to cooperate with child/medical support enforcement activities without good cause will have his/her grant reduced by 25% of the maximum K-TAP grant for the eligible household size. Nonresponsible relatives who are not included as a specified relative in the K-TAP case are not subject to this sanction, but should still be encouraged to cooperate in obtaining child/medical support for the child's benefit.

- A. When an individual fails to cooperate, enter disqualification code 389, Cooperation with DCSE, on KAMES.
 - 1. The individual's status remains active and the member status reason of 789 is displayed.
 - 2. Because the individual remains an active member of the K-TAP case, he/she continues to receive Family Related MA.
 - 3. The spot-check "IM 389 Disqual Exist - Enter FS 310" displays on the appropriate worker's DCSR for the individual's food stamp case.
- B. The grant can only be reduced by a maximum of 25% due to noncooperation with child/medical support activities, regardless of the number of members disqualified for code 389 in the K-TAP case.
- C. If the individual is disqualified for a reason other than noncooperation with child/medical support activities, when the disqualification for noncooperation is applied, the reduction amount is 25% of the maximum grant for the remaining active household members.
- D. If the disqualification reduction amount results in a negative or zero benefit amount, KAMES displays \$1. A check for \$1. is issued and the case remains active as a K-TAP case. The household members continue to receive Family Related MA.

MS 5530

[UNSUPERVISED TEEN PARENTS

Teen parents under age 18 are required to live in an adult supervised setting and attend school.

- A. To indicate that a teen parent does not meet the requirement for living in an adult supervised setting:
 - 1. Enter "N" to "If teen parent, does he/she reside in an adult supervised setting?";
 - 2. Enter the appropriate date in "If no, DSS referral date:";
 - 3. Enter "Y" for "Complying"; and
 - 4. If "Complying" = "N", an entry is required in "Good Cause".]
- B. [Review the unsupervised teen parent's status if the following spot checks display.]
 - 1. [The spot check "Check Adult Setting - 30 Days" displays to the worker's DCSR 25 days from the date in the DSS referral field.]
 - 2. [The spot check "Check Adult Setting - 60 Days" displays to worker's DCSR 55 days from the date in the DSS referral field. The spot check is deleted when a "Y" is entered in the adult setting field.]
- C. If Protection and Permanency staff deems the living arrangement appropriate, enter "Y" to the adult setting question.
- D. Do the following after determining that the teen parent refuses to accept an appropriate living arrangement.
 - 1. Indicate the teen parent is not eligible for cash payment by entering:
 - a.] "N" for "If teen parent, does he/she reside in an adult supervised setting?";
 - [b.] "N" in the "COMPLYING" field; and
 - [c.] "N" in the "GOOD CAUSE" field.
 - [2.] The IMID code is changed by the system to M13 or M14 with a member status of active and status reason code of 840 or, if this is the only eligible member, the IMID code stays the same and the case alternate programs to Family Related MA.
 - [3.] The individual continues to receive Family Related MA.
 - [4. The spot check "IM Teen Parent - Enter FS 310" is automatically posted to the FS case requesting the entry of a "310 Disqual".]
- E. A teen parent over the age of 18 or under 18 married and living with a spouse, is not required to live in an adult supervised setting.
 - 1. KAMES edits against "Married?" and "Is spouse living with this person?" before determining a teen parent is ineligible; and

2. [The spot check "Teen Parent Turning 18 Yrs. Old" displays to the worker's DCSR on the 15th day of the month prior to the month the teen parent turns 18 years old.]
 - a. This is only for those teen parents with an entry in the adult setting field;
 - b. Update "adult supervised setting?"; and
 - c. Delete the spot check.

MS 5540

TEENS AND SCHOOL

16-18 year old teens must be in regular full-time attendance in high school or the equivalent level of vocational or technical school.

- A. [The question "IS HE/SHE ATTENDING SCHOOL?" is a mandatory field for all "M" members of the K-TAP case, ages 16 through 18, as well as teen parents ages 13 through 18.] This field is not required for "R" or "T" members.
- B. If the question "IS HE/SHE ATTENDING SCHOOL?" is answered "Y", additional entries are required on the student information screen.
 - 1. Enter the school number. After the school number is entered the system will read a school file and upload the name and address of the school. The school number is a 9-digit number consisting of the 3-digit county number, the 3-digit district number and the 3-digit school number.
 - 2. Use the Inquiry Menu screen to obtain the school number.
 - a. Choose option N-School listing.
 - b. Enter the county number on this screen.
 - c. This screen displays the county number, county name, school name, 9-digit school number, and school address.
 - 3. If the child is in a home school situation or any other school not covered by the school file, the 9-digit school number is the county number, district number and 999. If the home school code (999) is used, the school name and address fields are unprotected and must be entered manually.
- C. [If the question "IS HE/SHE ATTENDING SCHOOL?" is answered "N" for any teen 16 to 18 years old or teen parent 13 to 18 years old:]
 - 1. "IF NO, HAS HE/SHE GRADUATED?" must be answered;
 - [2. If the graduated question is answered "Y", the teen remains K-TAP eligible.
 - 3. If the graduated question is answered "N", KAMES applies]
 - a. A disqual type of 444; and
 - b. A member status of A with a status reason of 844; or
 - c. A member status of C (countable) with a status reason of 844, if the teen was the only eligible child in the household;
 - d. [If the teen is the only eligible child in the household, the case denies for reason 244 or discontinues for reason 644 and alternate programs to determine MA eligibility.
 - 4. If an 844 member status reason is applied, a spot check "NOT IN SCHOOL, ENTER FS 310" posts to the FS case.

- D. An 18 year old teen parent may not be attending school and still meet technical eligibility requirements through KWP. In this situation, answer "Y" to "...has he/she graduated?" to allow the teen to remain K-TAP eligible.
- E. Manually delete the 444 disqualification if:
 - 1. The disqualification was entered in error;
 - 2. The teen complies and goes back to school; or
 - 3. The K-TAP case is discontinued.]

MS 5550

ENTERING A KWP SANCTION

See : OM Pol. Upd. 3-16, [MS 99621](#), 4/1/03.

See: Errata to: OM Pol. Upd. 3-16, [MS 99621](#), 4/1/03.

When a KWP sanction is entered on STEP, the information passes to the KAMES Disqualification File.

A. KAMES does the following:

1. Updates the 416 disqualification screens;
2. [Changes the member status code to 816;]
3. [Applies a prorata sanction to the grant;
- 4] Generates a notice; and
- [5.] Sends a spot check to the FS case for a 316 disqualification.

B. [If the KWP disqualification does not appear on KAMES the second workday after the information is entered on STEP, contact the Eligibility Services Branch.]

C. [If a KWP sanction is applied incorrectly and must be deleted, the corresponding food stamp 316 disqualification must be deleted also.] This is the ONLY time a work related disqualification is to be deleted. Document these actions in comments for review purposes.

MS 5555

CURING A KWP SANCTION

Update STEP with the information regarding the sanction cure.

- [A. If you cannot access STEP because "Active KIMCMEM Not Found" or there is no sanction data on STEP, contact the Eligibility Services Branch at (502)564-7050.
- B.] If the sanction is cured, the information passes to KAMES and the 416 disqualification is removed automatically from the Disqualification File the second work day after the cure is entered.
 - 1.] After the cure information passes from STEP to KAMES:
 - a. The prorata sanction is removed.
 - b.] A notice is generated.
 - 2. After the 416 disqualification is cured a spot check passes to the food stamp case, which reads "IM 416 Disqual Ends-Review FS 316".
 - a.] Once a minimum disqualification period is served and the spot check is received, change the Cure Ind to "Y" and process a member add if the case is active.
 - [b.] If inactive, notify the member to reapply for food stamp benefits.
 - [c. DO NOT DELETE THE FS DISQUALIFICATION after it is cured.] Disqualifications must remain on file for tracking of occurrences.
- [C. The spot check "K-TAP Case Disc Ck Disqual Cure" is posted when a K-TAP case containing 416 disqualification discontinues. Review the 316 disqualification to determine if case discontinuance cures it, and enter the cure if the minimum disqualification period has been served.]

MS 5558 ADDING OR DELETING A 416 DISQUALIFICATION

Always enter, change or cure KWP sanction information on STEP and allow it to pass to the KAMES disqualification file. [To reduce errors, only the Eligibility Services Branch can add or delete a type 416 disqualification on KAMES.]

MS 5565 [MA ELIGIBILITY FOR KWP SANCTIONED PARENT

See: OM Po.. Upd. 3-16, [MS 99621](#), 4/1/03.

See: Errata to: OM Pol. Upd. 3-16, [MS 99621](#), 4/1/03.

If a K-TAP parent is sanctioned from the K-TAP case for failure to cooperate in KWP, a separate manual calculation must be done to determine if the sanctioned individual is financially eligible for MA.

KAMES determines the member's technical eligibility for Family Related MA. Indicate if the member is not financially eligible based on your manual calculations.]

Document in comments and show the calculation for the sanctioned parent's MA eligibility.

MS 5600

LUMP SUM INELIGIBILITY PERIODS

[A disqualification/ineligibility period is applicable in the K-TAP or Family Related MA case based on receipt of lump sum income.]

A. Enter lump sum income as follows:

1. For application or recertification answer the question regarding receipt of a lump sum as "N". If adding a lump sum through case change, bypass this step and go on to Item 2.
2. Document the amount of the lump sum in Comments.
3. Calculate the ineligibility period outside the system.
4. Access "Q" from the Main Menu.
 - a. Enter "343" or "423" reason code, as appropriate, for each member of the case.
 - b. Enter the number of months calculated above, and press enter.
 - c. [The system applies the "Begin" and "End" dates.]

B. When an individual has a lump sum disqualification, and moves to a new household, do the following to determine if the disqualification is still applicable:

1. Review the prior case to determine if the lump sum income belongs to this member.
2. If it does, the disqualification remains.
3. If it does not, delete the lump sum disqualification for that individual.
4. Document comments.

MS 5630

GOOD CAUSE AND HARDSHIP

Use the following procedures to record a transfer of resources in HCBS and LTC cases.

- A. Do not answer the questions related to good cause and hardship until you receive:
 - 1. DSI determination of good cause; or
 - 2. DMS confirmation of undue hardship.
- B. When good cause and undue hardship are denied:
 - 1. Enter that information on the Transferred Resources screen; and
 - 2. KAMES applies the appropriate disqualification period.

You may view this sanction through disqualification inquiry.

MS 5650 REFUSAL TO COOPERATE WITH QUALITY CONTROL

Upon receipt of notification from QC that an FS household has refused to cooperate, select "Q" on the Main Menu and do the following:

- A. Enter the name of the head of household with a disqualification type "319" on the Disqualification File Menu, and complete the Member Disqualify screen entering "99" in "Number of Months Disqualified."

The case will deny or discontinue, as appropriate.

- B. Delete the disqualification with Supervisor approval:
 - 1. Upon notification of cooperation with QC;
 - 2. If the household disbands and the member who is disqualified applies as either head-of-household or a member of another household; or
 - 3. If the household reapplies after the QC review period, either 95 days for State QC or 7 months for Federal QC.

MS 5700

IPV DISQUALIFICATION

[When an FS member is determined to have committed an IPV, enter an IPV disqualification through Function "Q" on the Main Menu, even if that member is not currently participating in an active FS household.]

DO NOT delete IPV disqualifications that have been served.

MS 5710

IPV PROCEDURES

- A. Enter the disqualification on the system within 3 workdays of receiving notice of the IPV determination.
- B. The IPV disqualification does not pend for adverse action. No adverse action notice is sent. All other notice policy is followed as appropriate.
- C. When an IPV disqualification is entered on the Disqualification File, KAMES adds 3 calendar days to the "Disqual Decision Date" to set the "Disqual From Date". The 3 calendar days allow for mailing the disqualification notice.
 - 1. If the "Disqual Decision Date" plus 3 days ends on or before food stamp cut-off, the "Disqual From Date" is the first day of the following month.
 - 2. If the "Disqual Decision Date" plus 3 calendar days ends after cut-off, the "Disqual From Date" is the first day of the month after the month following the disqualification decision month.
 - 3. The "Date Worker Added the Disqual" field does not affect the "Disqual From Date".
- D. Disqual "Through Date" is system assigned.
 - 1. The "Through Date" is set based on the entry for "Number of Months Disqualified".
 - 2. Individual who are permanently disqualified have the "From Date" set as described in Item C above. The "Through Date" is set with 9's.
 - 3. The disqualification period is automatically uploaded after all the required disqualification information is entered.
- E. If an applicant is not on the Disqualification File and notice of IPV determination is received while the case is pending, enter the IPV disqualification on the system.
 - 1. KAMES sets the disqualification period based on the information that is entered.
 - 2. After KAMES uploads the disqualification dates, return to the pending application and page through it.
 - 3. The disqualification is applied to the application when it disposes.

MS 5715*

ADDITIONAL IPV PENALTIES

Some disqualifications are common between K-TAP and FS.

- A. Spot checks are generated by disqualification entry to notify the other program that a violation has occurred.
 - 1. Fraud/Duplicate benefits.
 - 2. Felon/Prob./Parole Violator
- B. Enter the corresponding FS or K-TAP disqualification immediately upon notification.

MS 5720

OUT-OF-STATE IPV DISQUALIFICATION

[See OM Upd. No. 07-24, MS 99773, 11/12/07](#)

If a DRS match is verified, the other state's IPV and disqualification must be entered to ensure that correct penalties are applied and appropriate notices are generated by KAMES for any additional violations.

A. Use the following procedures:

1. Allow KAMES to upload the disqualification period as appropriate; and
2. If the disqualification period does not match the period established by the other state, access the Change Disqual Segment and change the "From Date" and "Through Date" to match the other state's disqualification period.

B. [If the individual already has a disqualification on KAMES as the first offense and we realize that the other state's IPV actually was the first, delete our disqualification from the system.] Enter the out-of-state disqualification as the first offense, then add our disqualification as the second offense so that appropriate penalties are applied. [Reenter the same decision date so the correct disqualification from and to dates are set.]

MS 5800

BENEFIT REDUCTION

When a K-TAP or FS claim is to be paid by benefit reduction, select Function "I" on the Main Menu to enter the information. You can only enter benefit reduction for active cases in your caseload. Do not enter benefit reduction on a FS case in the last month of the certification period, until after the recertification is processed.

When a case with recoupment discontinues or alternate programs to MA, a prompt displays "Recoupment Removed - Follow Appropriate Steps for Collection". If the case is later reinstated, KAMES will not automatically reset the recoupment trigger. You must access the Benefit Reduction Segment and answer "Y" to the recoupment question to set the trigger.

To place a case on benefit reduction, follow these steps:

- A. Select Function "A" on the Benefit Reduction Screen, enter the case number and press enter.
- B. On the Benefit Reduction Selection screen, do the following:
 1. Enter the "Member Number" who is responsible for the claim. The member name is uploaded.
 2. Enter the period of time the claim covers in "Period of Error".
 3. Enter the "Category" code to indicate the type of claim.
 4. Enter the "Basis" code for the claim and press enter.
- C. Enter the following on the Benefit Reduction screen.
 1. "Date Claim Established" - Obtain this date from KCA.
 2. "Amount Due" - The original amount of the established claim.
 3. "Balance Due" - The current balance of the claim. If you restore benefits and answer "Y" to "Are benefits to be applied to the claim?", the message appears "Manually adjust reduction by restore amount" displays. Access the Benefit Reduction screen and adjust the "Balance Due" by subtracting the restoration amount.
 4. "Monthly Repayment Amount" - The amount to be subtracted from the household's K-TAP grant or FS allotment. No entry is necessary if "Repayment Percent" is completed for FS. For IHE and IPV claims, an amount less than \$10 can be entered if the "Balance Due" is also less than \$10.
 5. "Repayment Percent" - Complete only for FS. No entry is required if "Monthly Repayment Amount" is complete.
 6. [When you access the Benefit Reduction screen for an inactive claim, "Are you activating this claim?" appears.] If you answer "Y" reduction resumes; if answered "N", no reduction is activated. The question must be answered each time you access the screen on an inactive claim.
 - [7. Advise the individual responsible for updating KCA when you start or stop benefit reduction.]

MS 5910

RMDS REPORTS

- A. The following reports capture application activity and are located on RMDS.
1. HRKIMR1A App Act by Unit, HRKIMR14 App Act Report Cty, HRKIMR15 App Act Report/Area, HRKIMR16 App Act Report/Region, and HRKIMR17 App Act Report/State - These are all different versions of the application activity report. They compile application data at the unit, county, area, region and statewide levels respectively. Their format is similar to PARS and requires the same printer settings.
 2. HRKIMR23 Reinstatement Reg Sum - List of all cases that have been reinstated in the past month. It is run monthly and is sorted by region, area, county, unit and caseload.
 3. HRKIMR02 Pending App Reg Sum - List of all pending applications. It is sorted by region, area, county, unit, caseload and application date.
- B. The following caseload activity reports are located on RMDS and are updated monthly.
1. HRKIFR15 Active FS Cases/Cseld - List of all active FS cases. It is updated monthly and is sorted by county, unit, caseload, certification end date and case name.

HRKIFR15 Active FS Cases/Name - List of all active FS cases, sorted by county and case name.
 2. HRKIMI08 Claims Benefit Reduct - Three versions of the report are displayed, allowing review of the data for the past three months. Both food stamp and IM reports are included under this single heading. The FS coupon reduction information is displayed for all counties, followed by the IM benefit reduction data for all counties. The report is sorted by county and caseload, and requires the same printer set-up as PARS.

Each month's report contains the total amount of that month's coupon and benefit reductions. For example, the report labeled August, 1995, was posted early in August and contains all claims reductions from August benefits. This data is being provided early in the month to accommodate the reporting needs of some of the larger counties. 8/95 benefit reduction information is used to complete the claims reports that are due in 9/95.
 3. HRKIMJ16 Mass Change Discont - List of all cases discontinued as a result of mass change. It is updated each time mass change is run.

4. HRKIMJ17 Mass Chg Benefit Amt - List of all cases affected by mass change. It indicates the previous allotment or grant amount and the new allotment or grant amount as a result of the mass change. It is updated each time mass change is run and is sorted by county, unit, caseload, program code and case name.
 5. HRKIMP05 Cal Rect App Ntc Nt/St - List of all cases due for recertification which were not sent appointment notices by KAMES. This list is updated monthly after the appointment notices are generated.
 - [6. HRKIMR11 ABAWDs Detail Listing - Contains all FS recipients who become ineligible ABAWDs effective with the report month.
 - 7.] HRKIMR19 Case Act Report/Cnty, HRKIMR2A Case Act by Unit, HRKIMR20 Case Act Report/Area, HRKIMR24 Case Act Report/Region and HRKIMR22 Case Activity Report - These are all different versions of the caseload activity report. They compile data at the county, unit, area, region and statewide levels, respectively. Their format is similar to PARS and requires the same printer settings.
 - [8.] HRKIMR27 Active Cases/Caseload and HRKIMR27 Active Cases/Prog Codes- count of all active cases by individual program code groups as used on monthly reports. The caseload report sorts figure by caseload code, unit and county. The program codes report is sorted by region, area, and county.
- HR KIMR27 Past Due KAMES Cases - Count of all cases over 60 days past due. The report is sorted by caseload, unit, county, area, and region.
- [9. HRKIMR32 Active IM Cases and HRKIPR20 Active IM Cases - List of all IM cases active on KAMES. They are updated monthly. HRKIPR20 is sorted by county, unit, caseload and case name. HRKIMR32 is sorted by county and case name.
 10. HRKIPR62 Act FS/IM Cases by Cty - Generic list of all cases active on KAMES. It is sorted by county and case name. This report was created to facilitate caseload division.]
- C. The following miscellaneous reports are available on RMDS to provide income verification and other types of information necessary to maintain cases.
- [1. HR DSI HEAP Master - Listing of HEAP approvals, sorted by county and case name.
 - 2.] HR KAMES-IM Systems Mods - Synopsis of system releases are displayed here. [The synopsis is loaded to RMDS by noon on Wednesday following the release.

- 3.] HRKIFJ14 DRS Match Report - FS recipient found guilty of intentional program violation and disqualified in another state.
- [4. HRKIFJ22 DRS Ninety Day Report - Identifies FS recipients who have been on the DRS Match Report for 90 days or more, and who have not had a matching KAMES IPV disqualification added.
- 5. HRKIFJ23 Unmatched Start Date - FS recipients found on both DRS and KAMES, but whose IPV disqualification start dates do not match.
- 6. HRKIMR13 BTG Eligibility Report - Listing of cases eligible for Bridge-the-Gap payment. Listing is sorted by worker, unit and county.
- 7.] HRKIMR51 Discont. List - Contains the denial, discontinuance and disqualification codes used on KIM. It is arranged in numerical order.
- [8.] HRKIMR51 Codes-List - Contains the codes formerly issued in the hardcopy KAMES Codes List.
- [9.] HRKIPR52 Legally Obligated Child Support Exception Listing - A quarterly listing of FS members who claim a deduction for legally obligated child support payments, and for whom DCSE has a payment record.

MS 5960

ONLINE REPORTS

KAMES Management Reports provide up-to-date caseload statistics and application activity.

- A. Access the application activity report by selecting option D, Management Reports from the KAMES Inquiry menu. Then select report A, Application/Caseload Activity or B, Application/ Reinstatement Register.
 1. If A, enter type A - application on the Application/Caseload Activity screen. There is a separate report for each category of assistance.
 - a. FS - The first line across is NAFS activity. The second line is PAFS activity. The third line is the total FS activity.
 - b. CW - The first line across is C activity, while the second is W and the third is total K-TAP activity.
 - c. St Supp - The first line across is AP, BP and DP activity. The second line is FP, GP and HP activity. The third line is the total state supplementation activity.
 - d. AM - The first line across is F, G and H activity. The second line is J, K and M activity. The third line is the total adult medical assistance activity.
 - e. MA - The first line across is I, L, N, and Y activity. The second line is P and U activity. The third line is the total Family Related MA activity.
 - f. SSI LTC/QMB.QDWI - The first line across contains the A, B, and D activity. The second line contains the Z activity. The third line contains total activity.
 2. If B, you can select either the pending application register or the reinstatement register in any of 5 different categories of assistance.
 3. If a supervisor is reviewing application registers for more than one worker, a new "Caseload Code" can be entered at the top of the screen. When enter is pressed, the applications will display for that caseload code.
- B. Access the caseload activity report by selecting option D, Management Reports from the KAMES Inquiry menu. Then select report A, Application/Caseload Activity. Enter type P and select a category of assistance. The reports are formatted with lines across just as the application activity reports. See those instructions for a full explanation.
- C. Access the caseworker production report by selecting option D, Management Reports from the KAMES Inquiry menu. Then select report C. Enter the desired month on the Caseworker Production screen. This report tracks KAMES activity by worker code, regardless of caseload code.

MS 5970

RDS REPORTS

RDS provides optical disc storage for reports, listings and notices. When possible, existing reports will be moved from RMDS to RDS. KAMES notices, including form MAP-552, are already stored on RDS.

MS 5975

KAMES NOTICES

KAMES notices are retained on RDS for an indefinite time period. Each local office has access to RDS and may inquire or print these notices. Print MAP-552s as needed at provider's request. Notices are compiled and stored weekly.

end of VOLUME VI